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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### THE USE AND ABUSE OF ALCOHOL AS A MEDICINE.\*

BY J. B. CARRELL, M. D.,  
Of Hatboro, Pa.

In my essay I will not take up your time by giving the physiological action of the drug in question, but will confine myself to the therapy and the moral responsibility of the physician in administering alcohol.

What I say will not be for or against the temperance side of the question; my earnest desire being to draw conclusions that will aid the conscientious physician in making up his judgment whether or not to use alcohol, and how it can be and is most abused.

That the paper might be of more value, I submitted the following questions to the readers of the *MEDICAL AND SURGICAL REPORTER* and *Medical Summary*, viz.:

1. When should alcohol be used?
2. How is alcohol most abused?
3. Have any cases of inebriety been produced in your practice through the use of alcohol as a medicine?
4. Is alcohol, in your opinion, indispensable as a medicine?
5. Is there a substitute for alcohol, and what is it?
6. Is inebriety hereditary?

I received a great many very able answers to

these questions from all parts of the United States, for which they have my thanks for their kindness.

I will now take up the questions seriatim.

1. When should alcohol be used? According to a few of my many correspondents it should *never* be used. Dr. Ashcom, of Renovo, Pa., says: "Alcohol is a diffusible stimulant, and will not assimilate with the secretions of the stomach any more than a streak of lightning will. The depression following its use counteracts all the possible benefits supposed to be derived from it in stimulating quantities."

Prof. Ground, of the Toledo Medical College, according to his peculiar views, as he styles them, considers it bad practice to use alcohol. "Alcohol is said to be a stimulant in small doses, or in large doses it is supposed to possess a stage of stimulation, followed by depression. Now the question is, does alcohol—and the same argument I can apply to anæsthetic agents—possess a primary stage of stimulation? I claim that this is only apparent, and that it acts as a paralyzer from the first. The first phenomenon we notice after its administration is increased action: the heart beats faster, ideation is augmented, as well as all other functions. This is brought about by the paralytic effect on the nerve centres. The origin of the vagus, the inhibitory nerve of the heart, is given off nearer the cerebral centre than that of the accelerator or sympathetic. Alcohol acts upon the central nervous system first, because it is more delicate, is easier thrown off its balance, because more susceptible, and as a result the nerve that holds the heart in check, inhibitory, is paralyzed, practically cut, and the heart

\*Read before the Adjunct Montgomery County, Pa., Medical Society, November 7, 1884.

beats more rapidly. But as soon as the effect of the drug extends to the accelerators, which had full control after the effect on the inhibitory, they too suffer the same effect, consequently the heart ceases to beat so rapidly; then we say the stage of stimulation is passing off. The heart now beats according to its own inherent innervation, and that not completely cut off from the nerves just described. As soon as the stimulation (?) drugs are administered, they diminish the vital resistance, if I may be allowed to use the term, when the external forces have more or less influence, according to the amount given. Life has been defined as the sum of those forces which resist death. Now if the forces referred to here are the forces which are acted upon, when the subject of our discussion is taken, they are diminished, the tendency to death is increased. The organs work harder, because external forces have a greater influence over them by reason of the paralyzing effect of the drug. A condition of irritable weakness exists. If I had the time I would go into the physiological details and experiments to sustain my theory. To illustrate my position, I cite a simple example. Take, for instance, a vicious horse, all the time trying to liberate himself. The driver, however, succeeds in holding him in check by the reins. Now cut the reins, and he at once dashes on unrestrained, until at last he slackens, exhausted. You can readily judge my opinion and answers to questions 1, 2, and 4, from what I have said."

Dr. Bacon, of Fulton, N. Y., a physician of over forty years' experience, says it should be very seldom or never used.

Dr. Moore, of Spring Valley, Minn., says its use at all in a large number of cases is an abuse.

I wish I could endorse the opinions of these able men, but my observation at the bedside is not in accord with theirs. The above constitute the opposition, and in comparison with the large numbers that have written me endorsing its use, are a small minority indeed. If they could offer an equally efficient substitute, I would most gladly accept it. But unfortunately they cannot. I have tried the substitutes they offer, and have found them inefficient.

I had intended writing this essay sooner, but after these letters were received I encountered an epidemic of typhoid fever in which I had the opportunity to give their substitutes a fair trial; and I found by their use my patients were losing ground, and to save them I resorted to alcohol, and was pleased to find them improving, and ultimately recover. I was sorry to be compelled to

resort to alcohol, for my sentiments are strongly against its use. I am and have always been a teetotaler, and my inclinations and prejudices are against alcohol. Many physicians claim it is a delicate matter to decide when it should be used.

From the numerous replies to my interrogatories, and from my own experience, I am convinced that it should be used in every case where the powers of life are fast running away, and the nervous energies are blunted from little or poor blood, and a profound impression upon the nervous system is needed. To let this period pass further, is to lose the life you essay to save. When you know the administration of alcohol will increase blunted nervous energy, and cause the flagging life to make renewed effort, you are not true to your calling, and guilty of malpractice, if you do not use it. How will you conduct a case of low typhoid without alcohol? I do not know, nor, in my opinion, does any other unbiased man. I have during the last eight years treated a good many cases of typhoid, and during the last five months have treated eight cases. I thank fortune that I have not yet lost a case. It has been my custom to use alcohol freely as soon, not before, as the pulse becomes tremulous, rapid, and weak, not taking into consideration the height of the temperature. Last winter I had a case of typhoid with the temperature ranging from 102° to 105.5°, and the pulse from 100 to 160. (This case was confined to his bed thirteen weeks.) I had tried to reduce the temperature with large doses of quinine, cinchonidia, cinchona, salicylate of cinchonidia, etc., but all to no effect. Thinking the patient would die, I concluded not to persecute him further with the vile doses. I then gave him large doses of tinct. digitalis (gtt. xxx.), and whiskey (f. 3j.), with milk every hour, besides beef tea and whiskey by rectal injection. I, to my astonishment, found my patient in the evening not dead, but much improved. The temperature was reduced to 101°, and the pulse to 100, and every symptom favorable. The next morning the temperature was 99.5°, pulse 96, tongue cleaning at tip and edges, skin moist, extremities warm, and expression very good, when his condition of twenty-four hours before was taken into consideration. I am firmly convinced that this patient would have died had not the alcohol, which the whiskey contained, been used. The digitalis was undoubtedly of value, but without the whiskey it would have produced nausea, and thus added to the prostration which I wished overcome. The alcohol whipped up the blunted nervous energy, and caused the blood to flow freely, and the milk

to be digested, thus giving time for new and better vitalized blood. Does any medical man know of any drug that would have produced the effect of the alcohol? A case of typhoid dysentery comes to my mind, in which the beneficial effect of large doses of alcohol was made very apparent to me. The case was that of an Irishman, aged about 60 years. He was in the fourth week of the disease. His temperature was  $104^{\circ}$ , pulse 150, constant desire for stool, extremely weak, clammy skin—in fact, there was every appearance of dissolution. The priest had during the night prepared him for entrance into the better world. When I arrived in the morning I inquired about my patient's condition, and the sorrowing wife told me Paddy's spirit was in a better world. Not very encouraging news for a young doctor, anxious to save his bad case. I told his wife to give him lots of brandy, and that would bring him around again. In twelve hours I returned, and found Paddy with a temperature of  $99.5^{\circ}$ , pulse 90, and all other symptoms correspondingly improved. They had in the twelve hours given him forty-two ounces of brandy. From this time on he steadily improved. It is not often we see such marked cases as the above, but who can say that alcohol was not decidedly beneficial in these cases? Judging from my own experience, I cannot imagine how any medical man can say it is not needed.

By this time you can judge upon my views of alcohol in disease. It should be used in the later stages of continued fevers, when exhaustion is present, and in all cases when from whatever cause the powers of life are rapidly failing, and sufficient time will not be allowed for food to meet the pressing demands upon the vital forces, or when it is necessary, to stimulate the digestive powers and to brighten and strengthen the few remaining years of old age. It should be used for decided effect in severe hemorrhages, long-continued suppurations, chronic wasting diseases, severe injuries, shock, erysipelas, diphtheria, puerperal septicemia, scarlatina maligna, etc.

#### HOW IS ALCOHOL MOST ABUSED?

Undoubtedly, it is most abused as a beverage. It is the social glass that does the mischief and forms the habit for strong drink in 999 cases in 1,000. Then comes the use of wines and brandies in cooking. There is no doubt but that the palate is tickled by the addition of these pleasant liquors to certain articles of food. Digestion is improved by the after-meal glass of wine, whiskey, or brandy. Medical men should set examples of total abstinence, for they well know the risks of the after-meal glass. Many a man and woman

who have prided themselves on their strength of will, have fallen victims to the terrible alcoholic appetite through the influence of home whiskey. My advice to my brother physicians and all others is to let it alone; it is a powerful poison, and should never be used unless prescribed by a conscientious physician. Never rely upon your strength of character, for when you think you are strongest you may find yourself weak indeed. Keep always before you that you cannot become a drunkard if you never take it except when prescribed. The various patent bitters that are lauded as panaceas for all ailments that flesh is heir to are composed in large part of poor whiskey or rum, and many a man who would not be seen going into the bar-room will go to the drug store and buy these vile bitters, so he can satisfy his habit for strong drink. They may say it is for their liver, kidneys, or bladder, but we know it is for a drink of whiskey. Some are innocent, poor fools, while others understand it fully. As a stomachic, it should be very cautiously prescribed, and any person of weak resolution, or where there is a hereditary tendency to drink, should never be ordered alcohol in this manner. Self-prescribing makes more drunkards than many would believe. If a person has a slight attack of digestive pain, a friend prescribes a glass of brandy. It cures the pain by stimulating the digestive glands, and produces an exhilarating effect upon the nervous system; but it would be better to suffer a little pain from indigestion and in the future control the appetite, than to risk pouring a powerful poison into your stomach. It should never be used except to counteract the depressing effects of disease. Never be mean and detestable enough to give it to a patient to satisfy his or her craving for strong drink, so that you may get into their pocket-books. Avoid giving it to nervous women affected with chronic diseases, or to persons who having been drinkers have reformed, for you may start them upon a career that will end the life you attempted to save in the poor-house, jail, or on the gallows, and through you untold miseries and sorrow will be brought upon the once happy family. Fully realize the terrible effects of strong drink, draw it as strong as your imagination can, and yet you cannot realize the utter perfidy and depravity it can bring a human being to. Then and only then can you appreciate how it is abused. The medical men who use it as a beverage, abuse one of our most valuable medicines, and in this way bring much discredit upon, and often, too often, form the habit that ruins themselves as

well as leads others to destruction. Doctors, avoid it, even if,

"One sip of this  
Will bathe the drooping spirits in delight  
Beyond the bliss of dreams."

3. Have any cases of inebriety been produced in your practice through the use of alcohol as a medicine?

Three of my correspondents state that cases of inebriety have resulted from its use as a medicine. The rest are very emphatic in their declarations that no cases have been produced through its use as a medicine. In my own experience, I do not know of a single case. I am strongly inclined to the belief that taken as a medicine, it is more likely to excite a disgust than to create an appetite. Given in diseased conditions of the body, when alcohol is *truly* needed, I cannot think the habit for strong drink will be formed. But as soon as the conditions that call for its use are corrected, its administration should be prohibited; for *then, and not till then*, do I believe the habit contractible. Yes and no, will, from what I have already said, answer questions 4 and 5.

6. Is inebriety hereditary?

This question is argued strongly both ways by the medical profession, and to do it justice would require a separate article; and as I have already occupied too much of your time, I will state briefly that the mass of evidence I have received favors the hereditary tendency of inebriety as strongly as scrofula, syphilis, or consumption, and I have often observed that the children of drunkards too often follow in the footsteps of their parents. Of course, much of this depends upon the force of association; but I am strongly of the opinion that it is, to a certain extent, hereditary. Dr. Ashcom is very emphatic on this point, and closes his argument as follows: "It is the devil's best hold to damn the human race, and it is humiliating to know that so many millions, fair specimens of manhood and womanhood, the creatures of God's creation, are his willing and thoughtless aids and abettors." In prescribing this drug, it is well to bear in mind the valuable words of Dr. Ashcom, but never to let your prejudices overcome your better judgment upon this subject. Dr. Darby, of Morrow, Ohio, writes most beautifully: "As there is no music equal to the violin, no light equal to sunshine, no drink equal to clear, cold water, so there is no stimulant equal to alcohol. Like every other agent that is powerful for good, it is, when abused, correspondingly powerful for harm. The fact that it is abused should not preclude its use. It is a false sentimentality

to decry its use because of its abuse; as well might the banker, because of counterfeit coin, refuse to receive the genuine."

I have written conscientiously, and hope those of opposite views will deal justly with me.

"It is a good servant, but a bad master."

#### CASE OF EXTRA-UTERINE PREGNANCY; RUPTURE, PERITONITIS, RECOVERY.\*

BY E. E. MONTGOMERY, M. D.,

Obstetrician to the Philadelphia Hospital.

March 19, 1884, Mrs. M.: has had four children and two miscarriages; the last miscarriage occurring some four months since. She has for several years suffered from chronic phthisis. Menstruation was absent for two periods, but two weeks ago she had a bloody discharge for several days. Although she had been suffering from the phenomena usual to her in early pregnancy, she then concluded that she was not pregnant.

On the 18th, after a fright, she was taken with severe pain in the right side, which, continuing to grow worse, was attended by frequent micturition, a sensation in the pelvis of weight or bearing down, intermittent vomiting, and a serous vaginal discharge. Her husband called at 3 a. m. to-day (March 19), informed me she had cramps, and asked for a prescription for her relief. I gave a prescription containing morph. sulph., gr.  $\frac{1}{4}$  to each dose, to be given every two hours until relief.

I saw her at 8 a. m., when she was quite pale, complaining still of pain in the right inguinal region. As I had a clinic at 9 a. m., I made a hurried visit, injected morph. gr.  $\frac{1}{4}$  hypodermically, and ordered R. Quin. sulph., gr. ij, ext. opii, gr. ss, in pill, every three hours.

5 p. m. Pain somewhat relieved; stomach very irritable; would retain nothing; pain greatly increased by vomiting; face pinched, pale, and anxious looking; lips bloodless; pulse 90. Bimanual examination disclosed the uterus slightly enlarged and retroverted. Douglas's cul de sac presented a mushy or doughy sensation; on the right side could be felt a small, irregular-sized mass, which was diagnosed to be an escaped fetus, from a tubal pregnancy. The pills were discontinued, and ext. op., gr. j., in suppository, substituted, to be given every six hours, and an alkaline mixture and f.  $\frac{3}{4}$ ss. each of milk and lime-water were given every three hours, by the stomach.

20th. She slept poorly, but does not suffer so

\* Read at a meeting of the Philadelphia Clinical Society.



much from pain. There is marked tenderness over the lower part of the abdomen, more marked upon the left side. Examination per vaginam; the mass is felt posterior to the uterus, and is quite hard and tender upon pressure. The uterus is fixed; pulse, 90; vomited once. She has been kept perfectly quiet; the bladder relieved by the catheter. *R. Quin. sulph., gr. v., ext. op., gr. iss., in suppository, every six hours.*

21st. General condition better, though she slept but little. The introduction of the suppositories was attended with so much pain that they were discontinued, and *morph. sulph., gr. ̄, with quin. sulph., gr. ij, given every three hours, by the mouth.*

22d. Some sickness of the stomach; pulse, 88; temperature, normal; very nervous, easily disturbed. Abdomen still tender to pressure. Returned to the use of suppositories. Slept well last night after *tr. op. deod., gtt., xxv.,* were given.

24th. Temperature normal. Pulse 80. Abdomen still tender, especially over the lower portion and left side; movement attended with pain. The suppositories induced so much pain that they were discontinued, and *tr. op. deod., gtt. xxx,* given by the mouth every three hours.

Subsequent to this date, the convalescence was gradual. She regained her strength very slowly. She left the city the latter part of July, returning about the middle of September again pregnant.

Upon examination a few days ago the uterus was found enlarged to the usual size at two months, and posterior to it could be felt a smaller mass, in which the remains of the former gestation were evidently encapsulated.

In such cases, it becomes an important question to decide when we should proceed to surgical measures.

Notwithstanding the successful termination of this case, I would not uphold the treatment as the one most likely to yield a favorable result.

Had the symptoms of shock and internal hemorrhage persisted during the third day, as upon the second, it was intended to make an abdominal incision, remove the fœtus and effused blood, and ligate the bleeding vessels. Such a course, pursued with the advent of the characteristic symptoms, would, without doubt, decrease the mortality of the accident.

#### MEDICAL STANDARD TOO LOW.

BY JAS. D. MADEIRA, M. D.,  
Of Grantville, Pa.

Notwithstanding the difficulties which arise in

practice, puzzling points in treatment, anxious questions in diagnosis, great advancements have been made during the last century. I believe no other occupation of life involves so vast an amount of mental tension and labor as the science of medicine.

Charlatans and quacks think differently, because they are too ignorant to comprehend the responsibility and duty of a practitioner. Quackery is the almost necessary bane of all professions; there are no small abundance of religious quacks, legal quacks, and medical quacks.

The practice of medicine became early infested with this race of parasites, and we bitterly lament their existence and influence.

Reason and common sense will do much towards unmasking others, but what weapon can be opposed to the quack in medicine? Profoundly ignorant as are the public, as a body, of the commonest principles upon which a safe practice of the healing art is founded, the heartless and grasping empiric has but to throw out his net to haul it in loaded with his credulous prey.

There are other irregular parasites upon the tree of medicine to whom such expressions cannot apply, more particularly to those who profess the bold empiricisms of Hahnemann.

All these difficulties would be met by making but one portal to the profession, through which all must enter who wish to join its ranks.

One great difficulty stands in the way, at present, of any hope of this important adoption of one portal common to all; we refer to the too frequent imperfect preliminary education of the aspirants for our profession. Too few commence their medical studies with anything like a sound classical and mathematical education, so essential to their proper standing, and the want of which all must deplore who unfortunately do not possess such advantages.

One who proposes to become a member of such a liberal profession should not be absolutely ignorant of modern languages and mathematics, so essential and important. Of course, there are noble exceptions, but still the picture I have presented is not overdrawn; the mass certainly fall under the category I have alluded to.

It is painful to see a person who might make a respectable tradesman or trustworthy clerk entering a profession for which he is by education unfitted.

It is a disgraceful thing that any man may assume the dignity of preceptor without an approach to the attainments which fit him for his practice.

When we reflect but for a moment on the influence exerted by education on the boy, in the career, nay, on the habits, intellect, and mind of the man, can we avoid being struck with the monstrous anomaly which compels every illiterate enthusiast who considers he has a divine call to apply for a license to preach, should yet not interfere to protect the mind of the child from running to waste, from ignorance and neglect, or becoming poisoned by bad associations and often worse principles?

Too many parents can ill distinguish between the accomplished preceptor and the academic quack.

How useful would it be, then, to place at the proposed portal of our profession a means for sifting the knowledge of those who seek to enter, and thus to determine on their fitness for such an honor.

This might be effected by a comprehensive matriculation examination, the passing of which should be considered as giving the right of stepping on our threshold.

How far better would this be, what a better class of men would knock at our door for admission, if such a plan were adopted.

The apprenticeship system, the free system, and the self-interest system, are detrimental to the medical profession, and should, by all means, be abolished.

These measures should be the characteristics of our medical colleges.

#### OBSERVATIONS ON PAINLESS SURGERY IN THE NASAL CAVITIES, ETC., EFFECTED BY THE USE OF HYDROCHLORATE OF COCAINE.\*

BY ALEXANDER W. M'COY, M. D.,

Surgeon to the Throat and Nose Department of the Philadelphia Dispensary; Lecturer on Diseases of Throat and Nose at Woman's Medical College, Philadelphia, Pa.

I take it for granted that every member of the Philadelphia Laryngological Society has already had some experience in the use of hydrochlorate of cocaine in some part of the upper air passages. It is not with the purpose of adding anything new to the knowledge already possessed by you upon this subject, that I make these observations, but rather to add my testimony to those who have already published their results. I think the fact is patent to all rhinologists and laryngologists

that the need of a remedy which would take the place of ether, chloroform, and nitrous oxide gas has been pressing. I do not know of a more forcible illustration of "necessity being the mother of invention," than in the case of rhinologists; no sooner was the demand made for something less cumbersome and troublesome than ether, chloroform, etc., than the need was supplied, and the whole medical world accepts with one accord the wished-for remedy. The hydrochlorate of cocaine has given universally good results, especially in regions where the function is simple and complexity of movement and structure is absent. I think I am sustained by the facts when I say that in no region—not even excepting the eye—have the good results been more marked in the use of hydrochlorate of cocaine than in the nasal chambers. The surgery of the nose can now be beautifully performed with great comfort to the surgeon and patient. The anæsthetic has not yet failed to render operative procedure painless in most cases—and nearly so in all others—in my experience, which extends over a considerable time and a number of cases. The cases for which I chiefly used the remedy were hypertrophic nasal catarrh, where occlusion of the nostrils was marked, and where the demand was for more room and air. The galvano-cautery was used in all these cases to test this remedy, because its efficiency in the use of Jarvis' snare, removal of growths, etc., had already been demonstrated. I deemed the hot-air a severe test of the efficacy of cocaine in effectually deadening the sensibility. The benefits seem incalculable, and there appears no limit to its usefulness and its application.

I have found deep incisions made in the turbinated bodies rendered painless five minutes after the application of hydrochlorate of cocaine of the strength of 4 per cent. I have repeated this operation again and again with the same result, on intelligent subjects, in cases where the use of the galvano-cautery knife had been attended with severe pain. In every case experimented on the parts were tested prior to the application, and the acuteness of sensibility well determined. In operations on the naso-pharyngeal space, either with the curved snare, galvano-cautery knife, or medicated probe, I have found the soft palate rendered sufficiently quiet and insensible to allow work to be done through the mouth upon the vault of the pharynx, and in the posterior nares. In the treatment of follicular pharyngitis the galvano-cautery button can be rendered painless. In children a want is met, as, in applications to

\* Written for Philadelphia Laryngoscopy Society, November 28, 1884.

the tonsils, great quietude can be attained and better work done. In making an examination of the œsophagus with the œsophageoscope, in cases of suspected spasmodic stricture or organic stricture, the difficulties ordinarily met with are greatly lessened, and, indeed, in certain instances, completely overcome.

1417 Walnut Street.

NOTE.—Since my observations were made, I have seen a paper by Dr. Ingalls, in which the field I had marked out has been covered. I am glad to know that my results have been sustained by Dr. Ingalls' testimony.

#### A CASE OF EXTRA-UTERINE PREGNANCY— TREATED SUCCESSFULLY BY ELECTRICITY.\*

BY JAS. SIBBALD, M. D.,  
Of Philadelphia.

Mrs. R., æt. 34 years; a woman weighing 107 pounds, of spare build and exceedingly nervo-bilious temperament. Was married when twenty-one years of age, and had a miscarriage about five months subsequently, since which time (for thirteen years) she was never pregnant, although very desirous of becoming so.

Her menstrual periods were always regular and natural up to June 16, 1884, at which time there was no sign of menstruation. One week later she commenced feeling sick in the morning, and also complained of soreness, with decided tenderness on pressure over the right inguinal region, which gradually increased in severity. At the same time bloody discharges would appear, with no regularity, every week or two, lasting from a few hours to several days.

On July 3, while standing in the street dealing with her butcher, she was suddenly seized with a violent pain in her abdomen, which caused her to fall in the street. She was picked up and carried to her bed. Morphia was administered hypodermically and poultices applied for six days before the tenderness subsided. For the next three weeks there was more or less tenderness over the right inguinal region.

On August 4 (just one month after the first attack), she had a second attack of local peritonitis, which lasted five days. At this time she was sweeping the floor, when she suddenly fell, overcome by the severe abdominal pain.

After the acute symptoms of the first attack had subsided a vaginal examination revealed a soft mass on the right side of the uterus, very

sensitive to pressure, and displacing that organ to the left. The sound was passed cautiously into the uterus a distance of over four inches, without obstruction. These facts, in connection with the cessation of menses, morning sickness, some enlargement and soreness of breasts, with occasional bloody discharges from the uterus, warranted a diagnosis of extra-uterine pregnancy.

On August 18, Dr. Montgomery saw the case in consultation, and coincided in the diagnosis. He advised the destruction of the fœtus, which was now in about the eleventh week of gestation, by means of electricity. Eight applications of the battery were made, which had the desired result. The mass is slightly perceptible on examination at the present time, the womb being still displaced to the left side. Menstruation has returned twice since, being perfectly normal, and no inconvenience is now experienced.

## HOSPITAL REPORTS.

### PENNSYLVANIA HOSPITAL CLINICS.

SERVICE OF R. J. LEVIS, M. D.

[Reported by C. LEVIS BOWER.]

[In the absence of Dr. Levis, Dr. Roberts, Surgeon to the Out-wards, showed the first two cases.]

#### Syphilitic Rupia.

This patient has a great many spots scattered over his body, extremities, and face, and has come for treatment. We see that the eruption is chiefly of a papular character, though some of the spots are open ulcers, and on others we find crusts. This eruption has a special name, but we will call it for the present a papular crustaceous eruption. You see that some of these crusts are umbilicated, that is, are depressed at the upper surface. Under the scabs are suppurating sores, and where the crusts have been removed off, either by accident or intention, the ulcerated surfaces are shown, as upon the calf of the leg. We also find that the eruption has come out in successive crops, for we find small and large papules, pustules, scabs, and ulcers, at the same time. After healing of the ulcers, scars are left. Now, to what is this form of eruption due? We may have a papulo-pustular eruption in variola, but we should expect to find fever, pain in the back, and other symptoms of an acute febrile affection. We can therefore exclude this disease. We may have similar lesions from rubbing with croton oil, but it is not likely that we would find it so regularly distributed all over the body.

There is an affection that gives rise to many forms of skin disease. It is syphilis. Where there is a multiform eruption without fever, rarely itching, it is usually due to syphilis. We have here syphilitic lichen, which is of a papular nature. We have also rupia, which is a name given to a pustular or vesicular eruption, which

\* Read at a meeting of the Philadelphia Clinical Society.

forms crusts. When the eruption develops first as large flattish blebs, which contain a fluid, at first serous, afterwards puriform, it at first resembles pemphigus. It may, however, begin as pustules. The secretion of these blebs or pustules rapidly concretes into crusts; at the base of these crusts are ulcers of various sizes. These crusts are very typical—they are laminated, looking something like an oyster-shell, rising up into a kind of pyramid or cone. The pyramids are easily understood, for the ulcer is at first small, and is covered by a small scab: as the ulcer enlarges, a larger scab forms beneath the previous smaller one. These successive scabs, if not removed, finally form thick crusts, resembling the appearance seen in oyster-shells.

Looking in the groin we find a number of enlarged glands, which is one of the most prominent symptoms of syphilis.

You will very often find in practice that a patient will deny that he has had a chancre, but on examination you find these enlarged chains of glands. It is well in all suspicious cases to carefully examine the groins, and the glands at the back of neck, behind the sterno-mastoid muscle. Examining the penis, you see he has a chancre combined with phymosis. The evidence of syphilitic infection therefore is clear.

Rupia, as a general thing, does not appear until after the first year, and is usually combined with a broken-down system. What shall the treatment be? Your sheet anchor is mercury. The green iodide is the best form, and should usually be combined with some astringent to prevent undue looseness of the bowels. A quarter of a grain is often prescribed, but, in my opinion, this is too small a dose. My usual prescription in the out-wards is green iodide of mercury, gr. ss.; tannic acid, gr. j.; given three times a day, and gradually increased until the gums are touched. This treatment should be kept up for a year or more, occasionally reducing the dose or omitting it for two or three weeks. In many of the late symptoms of syphilis iodide of potassium will be found useful, but I nearly always prefer the iodide of mercury, which gives the effect of iodine as well as that of mercury. The local treatment consists in starch poultices to remove the crusts; after which some stimulating ointment should be applied to the remaining ulcer. Dilute ointment of nitrate of mercury is one of the best; say, for example, one part of the official ointment to three of cerate. This case shows the result of syphilitic infection, and is a typical one, for the diagnosis could be made from the appearance of the eruption. Do not be deceived when finding this or similar specific lesions in persons of undoubted chastity, for inoculation may occur from other sources than sexual intercourse. Cases are reported of inoculation by wounds from a dirty razor; by persons with mucous patches sucking wounds; by tattooing the skin with pigment mixed with saliva.

#### Scrotal Abscess Following Stricture of Urethra.

This patient came in suffering with urinary trouble. He has had a stricture for three years, following an attack of gonorrhœa. When I saw him some time ago in the out-wards, I endeavored to dilate the stricture by using steel sounds, but

was unable to reach the bladder. He was accordingly sent into the wards for treatment by filiform bougies and such other measures as were demanded. When he came in it took from ten to fifteen minutes for him to pass his urine. Dr. Barber, the resident surgeon, finally succeeded in passing a filiform bougie into the bladder, after filling up the false passages with others. He then passed a Goulay tunnel catheter, which is a catheter with a small canal at the end opening into a groove on the back, into which the filiform bougie fits. By carrying the catheter along the bougie, it is guided into the bladder. Since that time no efforts have been made to dilate the stricture, for the urine passes quite freely. About four days after this, inflammation appeared in the scrotum, which may have been due to a rupture of the urethra, and an extravasation of urine into the scrotum. This condition is sometimes followed by septicæmic symptoms, especially if the rupture occurs far back in the perineum. This abscess, as it seems to be, is more in the scrotum than in the perineum, and may be due to inflammation around the urethra and not actual rupture.

If this inflammation was in the perineum, we should make an incision into the perineal tissues, whether there was pus or not, because of the certainty of violent inflammation arising from the extravasated urine. Incision allows this to drain away and averts the danger of septicæmia. In making an incision into the perineum, do not make it in the median line, as at the raphe the fibrous tissue forms a sort of seam, and will not gape enough to allow free drainage. Dr. Lewis thinks that it would be safer for this man if we made an incision into the scrotum, even if no pus has yet formed. We shall give him ether, and also shave the parts to get rid of the hair, which makes cleanliness difficult after operation. I shall make an incision on the left side of the scrotum, though I do not think that there is any extravasation of urine, and probably no pus yet.

An incision is now made into this brawny mass, and, as you see, we strike a pus cavity. I can put my finger into the scrotum, and can almost touch the testicle. Curiously enough, the abscess runs upward and forward instead of backwards, as would be supposed from the location of the stricture. A large opening is made, so as to obtain free drainage. The cavity is washed out with carbolyzed water, and packed with carbolyzed oil dressings.

#### Anchylolysis of the Knee.

Here comes a cripple that you remember had an anchylolosed knee on which I performed tenotomy last week. The leg is now straight and he is able to use it very well, but there is still some fluid in the joint, as is evident by the patella, which is floated up, so that if I tap it, it can be felt striking upon the condyles. At the last clinic a description of the previous condition of the knee-joint was given. Anchylolysis can occur from inflammation within or without the joint, being in the one case intra-articular anchylolysis, in the other extra-articular. Cases that can be straightened by cutting tendons are extra-articular, because the obstruction to motion is outside the joint.



**Double Coxalgia with Strumous Inflammation of Both Knees.**

I now present an unusual case, in this little patient with ankylosis of both knees and hips from strumous inflammation. The legs are flexed on the thighs, and the thighs very nearly at right angles with the pelvis. The right leg and thigh are greatly atrophied from disuse, and therefore it is evident that the disuse is of longer standing on that side. In the region of the great trochanter both sides there are sinuses discharging thin pus. This is a characteristic symptom of coxalgia in the suppurative stage.

The occurrence of disease of both knee-joints in connection with the hip affection is a point against the supposed traumatic origin of coxitis. We have no special history of traumatism here, and it would scarcely be reasonable to imagine that four joints had suffered injury. It is believed by some surgeons that all cases of coxitis are due to an injury exciting inflammation, though possibly an unhealthy diathesis may also be necessary. The first stage of hip-joint disease is that of beginning inflammation and serous effusion into the synovial cavity; the second stage is said to be present when pus is formed within the joint; when caries or necrosis of the joint surfaces occurs, the disease is said to have reached the third stage. This child is suffering from the third stage, because the numerous sinuses lead to the belief that caries or necrosis has taken place. In the early stages the symptoms are pain, often referred to the knee, painful twitching of the limb at night, slight limp in gait, broadening of the buttock, obliteration of the gluteo-femoral crease, rigidity of the adductor muscles. At a later period, greater lameness, symptoms of pus in or around the joint, sinuses, hectic irritation, and gradual deterioration of health, are observable. Waxy degeneration of the kidneys and liver may occur from the prolonged suppuration, if the patient does not die from exhaustion before such pathological lesions have taken place.

The pathological changes in the knee-joints are similar to those occurring in the hips, though there is a difference in the character of the special symptoms. We will now give the child ether, and examine the sinuses with a probe, searching for evidences of diseased bone. The ankylosis may be due to muscular rigidity or to bony adhesion of the joint-surfaces. The former would be remedied by tenotomy, which I shall not perform in this case, because the mere stiffness is not as important as the bone disease. We cannot always feel the dead bone in these cases, even when we enlarge the sinuses sufficiently to introduce the finger. On one side a sinus runs up to the head of the bone. I think that this is a proper case for excision of the head of the femur on one side at least, and perhaps on both. Early excision of the necrotic bone gives a chance to arrest the progress of suppuration, which is exhausting the child's strength. We shall defer operation, however, until the case has been investigated more thoroughly and the progress of the disease watched.

**Fracture of the External Condyle.**

I now have a case with some traumatic lesion of the elbow-joint. This woman fell down three steps, her full weight coming on her left arm.

There was great swelling at first, so that the fracture could not be well defined, but the swelling has been reduced by cold and compresses. See how I examine this elbow. I seize the condyles firmly between my thumb and first finger, then with the other hand grasp the arm above the elbow, to see if there is any motion or crepitus, but I do not find any here. If there was, I would know that the lower end of the humerus was fractured. The internal condyle is very apt to be fractured in injuries of this kind. But as the examination gives so much pain, I will stop while some ether is given. Notice the position of this arm: it looks like a fracture, because of the peculiar helplessness of the limb as it lies on the bed. If it were a dislocation, it would have a certain rigid appearance. You can grasp the internal condyle, on account of its prominence, as you see me doing here, and feel if there is any crepitus or motion. I find that here it is perfectly firm, so we can exclude this as the seat of fracture. On grasping the other side of the bone or external condyle, I feel both motion and crepitus. The fracture extends from above the external condyle, running obliquely downward into the joint. This fracture was undoubtedly produced by transmission of force through the radius, the woman in falling having struck either on her hand or forearm. The treatment in this case will be to properly reduce the fragments, and then put the arm on an anterior angular splint, and keep it at rest. In treating all fractures, remember the most important part is the proper reduction or adaptation of the fragments to their normal position, then the application of a dressing that will overcome the tendency to displacement and deformity. Do not associate certain splints with certain fractures, but make your splints to suit each individual case. In fact, many cases are better treated without the use of conventional splints, but by such proper postural treatment as prevents muscular displacement of the fragments.

**MEDICAL SOCIETIES.****PHILADELPHIA CLINICAL SOCIETY.**

Meeting of October 24, 1884, Dr. Beates in the chair.

Dr. Montgomery reported a case of

**Extra-Uterine Pregnancy, Rupture, Peritonitis, Recovery.**

Also, for Dr. James Sibbald, a case of

**Extra-Uterine Pregnancy Treated Successfully by Electricity.**

(See Pages 672 and 675.)

**DISCUSSION.**

Dr. John B. Roberts coincided with Dr. Montgomery as to the advisability of performing laparotomy where the symptoms of rupture continued urgent.

Dr. Clara Barton asked what form of electricity had been used.

Dr. G. Betton Massey: The question put by Dr. Barton is of no little importance, and the answer should depend on a clear conception of the work to be done in a given case. Electricity



is called upon for two separate and distinct functions in extra-uterine pregnancy: to kill the foetus, and to produce its absorption. In the former case a somatic death of the germ contained in the tumor is desired; in the latter merely a molecular death or change. In this latter instance, where the death of the foetus has occurred, and we merely wish to promote its absorption, together with any effused blood or other material, the indications are almost exactly similar to those of any other intra-abdominal tumor; the current with greatest electrolytic power—the galvanic—is to be preferred. On the other hand, if we wish to arrest the onward progress of life in the foetal mass in the interest of the unfortunate mother, that current which will accomplish this object with least danger to the mother is to be preferred. This is, undoubtedly, the faradic current. Shock must be the quality of value here. It is simply a question of transmitting a sufficiency of shock through the abdominal walls of the mother to the more vital parts of the foetus. If the ordinary faradic battery is not strong enough, the gravity of these sad cases would even warrant the building of a weak dynamo for the special purpose. As to method of application: the external percutaneous passage of the current by moistened electrodes would seem to be the best. A vaginal electrode might be used, however, the principal endeavor being to send the current directly through the tumor. Drs. Thomas and Mundé have recently reported a number of cases to the American Gynecological Society where successful results had followed the use of electricity. To my mind, however, their remarks, as reported, lacked definiteness in this matter of the choice of current, and the exact object desired in the individual case. Dr. Thomas does not advise the use of electricity after the fifth month, but an operation instead. Possibly he anticipated difficulty in then producing death, but this could be overcome by increasing the strength of current in the manner I have indicated; even if an operation was afterwards performed, the previous arrest of the placental circulation might be of value.

In response to inquiries from Drs. Hall and Roberts, Dr. Massey said that an insulated sound with free extremity would form an excellent vaginal electrode, but that the use of acupuncture needles was totally unnecessary.

Dr. Montgomery, in closing the discussion, said that he had applied one electrode in the vagina in contact with the uterus and the other over the hypogastrium. He thought acupuncture unnecessary, though it was formerly the practice to use this procedure, as it was liable to cause peritonitis from the liquor amnii escaping into the peritoneal cavity. There is but little difference in the use of either current. There were two reasons why electricity was unavailable after four and a half or five months. The liability to rupture was greatest in the early months—before the third month. After that we may as well let the case go on to a later month, as an operation will be necessary any way. A large foetus is more dangerous to the mother after loss of vitality, and cannot be allowed to remain. Although the woman had fallen in the case related, he thought the foetus was still living, and therefore advised the electricity with the direct purpose to kill.

Subsequently the tumor became smaller. The foetus and appendages become encapsulated in the abdominal cavities of the mothers in these cases. There is no advantage in destroying the foetus prior to operation.

#### **PATHOLOGICAL SOCIETY OF PHILADELPHIA.**

Thursday evening, September 11, 1884, the president, Dr. James Tyson, in the chair.\*

Dr. J. M. Barton presented a specimen of

#### **Cystic-Papillary Adenoma of the Neck,**

which he had removed from a patient at his clinic at Jefferson Medical College, on September 6th. The patient was a married woman, 31 years of age, the mother of three children. The tumor was of slow growth, having existed for five years, and having increased but little in the last two years. It gave no pain, and but little deformity. It was about the size of a walnut, and lay beneath the clavicular extremity of the left sterno-cleido-mastoid muscle, in close proximity to both the subclavian and carotid arteries, from which it received a decided pulsation; on strongly pressing the tumor upward and outward the pulsation ceased. The tumor was closely adherent to a number of large veins of new formation, which greatly increased the difficulties of its removal.

On section, it presents a number of alveoli of variable diameter, communicating with each other and lined with a thick membrane, similar in appearance to the inner coats of the arteries. This membrane seems to have undergone calcareous degeneration in some portions. When the tumor was fresh these cysts, on incision, were filled with a dark-red fluid, like disintegrated blood.

#### **REPORT OF THE COMMITTEE ON MORBID GROWTHS.**

"A section made from the tumor of the neck, presented by Dr. J. M. Barton, shows a stroma of fibrous tissue, in which cavities are seen, varying in size, lined with an epithelium, having a cuboidal shape; from the margins of many of these cavities papillary ingrowths were noted, covered with cylindrical shaped epithelium; other cavities are filled with the remains of cells, or a structureless colloid-like substance. The tumor may, therefore, be considered a cystic-papillary adenoma, in which a colloid degeneration has occurred, or, from its location, it is not improbable that it may be either an outgrowth from, or a supernumerary thyroid gland."

#### **CHICAGO MEDICAL SOCIETY.**

Regular semi-monthly meeting, November 10, 1884.

Dr. D. A. K. Steele presided, and Dr. L. H. Montgomery recorded the minutes.

A large attendance of members and visitors was noticed.

The following scientific reports were heard:

1. (a) Two cases of gastrostomy. (b) Two cases of excision of the rectum. (c) Remarks on litholopaxy. (d) A new instrument for varicocele. By Dr. Edmund Andrews.

\* Delayed on account of report of committee to the editor.

2. Political abuse of the insane, by Dr. S. V. Clevenger.

3. Fourth annual report of the Shan-Tung Dispensary and Hospital at Pang-Chia-Chuang, prepared by Dr. Henry D. Porter, and read by Dr. John H. Chew.

4. Report of Committee on National Sanitation.  
5. Hydrochlorate of cocaine: its use in ophthalmic and nasal surgery; and in the following cases: Stricture of the nasal duct, removal of a piece of steel from the eye, cataract, otitis media acuta purulenta, and asthma nervosum, by Drs. B. and J. Bettman.

The following recent cases in the surgical practice of Dr. Edmund Andrews are of interest because of the numerous unsettled questions which cluster around the operations referred to:

The first two cases instanced, viz., gastrostomy, which by way of preface, was stated by the author to be a barbarous word—an etymological blunder, so far as literary usages are concerned, composed partly of Greek and partly of Latin—the “philological monstrosity” being apparently an attempt by its author to enlarge the word gastrotomy, which literally signifies stomach-cutting, and by the addition of a syllable to signify a mouth, so as to make the compound mean a cutting of the stomach to make a mouth—literally a stomach-mouth-cutting.

The writer dilated further upon the word relative to its derivation, meaning, etc., and closed by saying that the word should be gastrostomy, and even then there would be nothing left in the compound to signify the “cutting,” therefore to express the full meaning of stomach-mouth-cutting would require the form, gastro-stomatomy, a term whose length and harshness of sound is sufficient for its condemnation. Suffice to say, euphony in sound and scholarly composition are two important requisites which are often ignored by skilled surgical authors as well as those of pedantic pretensions, and proceed to a perusal of a brief synopsis of the balance of the paper.

Case 1 was a little girl aged 6 years, who swallowed some concentrated lye several months previously, cauterizing the lower part of the œsophagus, and gradually inducing a stricture. Dr. E. P. Cook, of Mendota, Illinois, dilated the stricture, after which the child was sent home greatly improved. After leaving his care she relapsed, when she was placed in the care of the writer. Upon her arrival, it was ascertained that she had been unable to swallow anything for a number of days. Dilatation was essayed, and the patient improved for a time, regaining a partial power of swallowing liquid food. However, it was soon perceived that the advantage thus gained could not be maintained, and after faithful trial, it became evident that the little one was gradually starving. So-called gastrostomy was then performed [The surgeon insisted, however, in his remarks, that gastrotomy is the more scholarly term.—Ed.] in a room which had been sprayed for an hour with carbolic acid, but the spray was not permitted to touch the peritoneum. The usual incision was made in the hypochondrium from the xiphoid cartilage downward, and to the patient's left. The colon was found partly in the way, but it was easily pushed downward. The stomach was then drawn out with long-toothed forceps,

the viscus was identified by the relations of the gastro-epiploica vein, and secured to the abdominal wall by a long suture on each side. As starvation was feared would ensue had not this plan been pursued, and the patient's life still further jeopardized. So the stomach was opened at once, and its edges sewed closely to the skin all around the incision. There was a good deal of shock, but reaction occurred, and union by first intention followed without difficulty and with no peritonitis. Peptonized food was regularly inserted, and on inspection was found perfectly digested, except when meat was used. This, whether raw or cooked, would be ejected from the wound unchanged, even when retained twenty-four hours. For some days the patient improved, but it soon became evident that most of the food, though digested, did not pass through the pylorus. It seemed that this orifice of the stomach required a little pressure to unfold it, and that whenever the stomach contracted for the purpose the chyme escaped by the fistula into the dressings, and did not pass on into the intestines. A rubber pad, tight enough to stop the outflow, could not be tolerated. A soft rubber tube, with a flange and valve, was substituted, in which the inner disc could be adjusted to the inner wall of the stomach, then by clamping the tube outside of the outer disc to the wall of the abdomen a perfect valve was obtained, which prevented leakage. The effect of the inner disc on the walls of the stomach was feared at first, but it produced no perceptible irritation. The opening in the stomach was purposely made pretty large, the surgeon hoping at some future time to introduce a finger upward into the lower end of the œsophagus, and then by pushing down upon it would succeed in restoring the natural passage. As above stated, the valve retained the food perfectly, and the patient took an abundance, and even learned to know when she was hungry, and to call for her meals. The improvement was but temporary, however, and she began slowly to fail without obvious cause. The power of assimilation seemed to exhaust itself, and she constantly grew weaker. At the thirty-fifth day after the operation it became evident that she was at about the end of her life. The last twenty-four hours were accompanied by an obscure fever.

Case 2. An adult male patient; six months ago he swallowed some caustic ammonia, producing a contracting ulcer of the lower part of the œsophagus. In September last he placed himself in the care of the writer, having been unable to swallow anything for some days. By a persistent use of bougies the stricture was dilated and the power to swallow liquid food was restored. He then returned home, having learned to introduce the bougie himself. In time he lost the art of passing the instrument, and in October returned in the same condition as before. Diligent trials to dilate the stricture a second time gained only a slight temporary power of passing small quantities of liquids a day or two at a time, and within a week or so it was perceived that his progress was downward and he was slowly starving. Moreover, the points of the bougie seemed to be creating a local inflammation in the right lung, as if they were making a false passage in that direction. To continue their use,

therefore, was not deemed judicious, and they were accordingly discontinued, and an operation was decided on at once, and not allow the patient to become more exhausted. The operation was the same as in the former case, except that the opening was smaller. The same difficulty of regurgitation of the food occurred, and was controlled by a similar valve. The patient is now doing well, and bids fair to recover, and at time of reading the paper, thirty-two days since the operation, is improving nicely.

The plan pursued by Mr. Howse, of London, and those of other surgeons, were dwelt upon to some extent, with their advantages, disadvantages, etc., etc. The operation should be done with extreme caution. Regarding the statistics of this operation, this is not very cheerful. Of 207 recorded cases, forty were for cicatricial stricture of the œsophagus (like those just cited). Of these forty, twenty-one died. Yet, when no other hope of life or relief is offered, an operation which gives them one chance in two is a great benefit.

Excision of the rectum, of which the author cited two cases that he at present has under treatment. Our reporter has synopsized each of them as follows:

Case 1 was epithelioma not reaching down to the verge of the anus. In operating, the entire external sphincter was saved, the incision was carried from an inch in front of the anus back to the coccyx, opening the anus antero-posteriorly and cutting off the gut just above the verge. After dissecting it upward a little and tying numerous vessels, the rectum was separated from the pelvic chamber, mainly with the finger, and the tube divided about three inches upward, just above the top of the cancer. There was no shock, and not much subsequent pain or inflammation.

The second case was almost exactly a repetition of the first, except that the verge of the anus was involved in the disease, and consequently was dissected out with the rest. Both patients are doing well, and are exceedingly comfortable; but it is too early to state whether there will be any return of the disease.

*Statistics.*—The statistics are much like those of epithelioma elsewhere. Billroth, of Vienna, thinks he permanently saves about one-third of these cases. Other authors were cited; and, lastly, of 608 cases collected, 140 died of the operation, and 100 of those who survived the operation, whose accounts were traced up, thirty-one were doing well at the end of one year, and seventeen were alive and well with no return at the end of three years.

#### Litholoxapy.

Dr. Andrews has operated twenty-three times with one death. He is confident that the plan he pursues—of keeping the nerves of the bladder benumbed during the operation by filling it with carbolic water—tends powerfully to prevent both shock and inflammation. It is worthy of inquiry, said he, whether the remarkable local anæsthetic properties of the new agent, cocaine, would not enable us to operate without ether and without producing shock. \* \* \* \* \*

A new instrument for operating on varicocele was the next topic discussed by the writer. Opera-

tions for destroying the veins in varicocele have produced, occasionally, death, and in other cases resulted in neuralgic scrotum with or without atrophy of the testicle. Many surgeons have followed the lead of Professor Frank Hamilton in preferring Sir Astley Cooper's plan of shortening the scrotum sufficiently to make it its own suspensory bag. This operation is vexatious, because the imperfect character of the old-fashioned adhesive plasters rendered it difficult to support the sutures sufficiently to secure union by first intention. Now that we have the rubber plaster, which never lets go its grip, we can cut the scrotum very short, and still hold the wound firmly together and secure a triumphant success. Sundry clamps have been invented to hold the skin of the scrotum firmly while the surgeon cut it off and sewed it up; the evil of the clamp is that it compresses the arteries, so that after cutting away the pouch the surgeon is unable to find and ligate the vessels. If he sews up the wound without attending to this point, experience shows that after the clamp is removed hemorrhage often takes place inside the scrotum, distending it with clot and forcing open the wound, thus delaying the cure. To meet this difficulty the author has devised a kind of varicocele bow, which he exhibited and described as follows: It consists of two curved parallel bows connected at the ends and enclosing a slot three-eighths of an inch wide between them. Twelve holes are drilled through the bars, of a size to admit ordinary pins. The surgeon draws the scrotum through the slot (having the concave border towards the base of the scrotum) to such a distance as he deems sufficient, secures it there by inserting, one by one, as many pins as he finds necessary to hold the pouch securely. He then cuts off the scrotum outside the convex border of the bars. As the scrotum is not pinched by the instrument, the blood spouts freely, especially from the artery at the raphe. The operator can carefully and deliberately secure every bleeding point. This being accomplished, he sews the cut edges together, and then drawing out the pins, removes the bow, and applies his plasters. The neatness and dispatch of the operation are thus greatly enhanced.

The following abstract was upon one of the principal topics under discussion, and relates to the condition of affairs at the Cook County Insane Asylum. The matter came up under the head of "Political Abuse of the Insane," by Dr. S. B. Clevenger, special pathologist at this institution, who submitted a lengthy treatise, in which he referred to the young science of psychiatry, which had gradually developed until a life's study is needed to place one in possession of what is now positively known concerning the anatomy, physiology, and pathology of the human mind. Stating that the European governments subsidize laboratories and salary eminent physicians, the lecturer contrasted with this fact the condition of things existing in the average American asylum, especially those controlled by local trustees instead of by legislatures. There is, he continued, a wonderful uniformity in the degradation of American institutions for the insane; the same brutalities are rife in them; the employees are generally of the same class; the same intriguing, bickering, and general roguery occur, and all the so-called physi-

cians are nearly of the same stripe; the same air of secrecy is maintained in one as in the other. Dr. Clevenger related the murders which occurred in the Utica, N. Y., asylum. They were investigated, but the papers were stolen before the Legislature could act upon the report. Recently in a Kentucky asylum the murder of a legislator who had become insane came to light. In another asylum, in the same state, the superintendent upon an occasion shot into a crowd of the patients. In the Ward's Island, N. Y., asylum it was proved that a patient's ribs had been broken. A number of similar instances were cited. While the lecturer admitted that a majority of asylum attendants were kind-hearted, the pernicious influence of the brutes was too prominent to be overlooked. These brutes were mostly active workers in political campaigns, who felt entitled to the political spoils. The average official who appoints such men is often of the same stripe. When \$200,000 or \$300,000 are yearly appropriated for the maintenance of an asylum, the chances for division are excellent; because the inmates do not know enough to complain, and any officer who is not corrupt is usually intimidated into silence. If he cannot be entangled in some scandal or some hold cannot be secured on him, the gang often concocts a scheme out of whole cloth, and uniformly swears to it. It is pure accident if a good physician succeeds in effecting an entrance to an asylum as an appointee. The charlatan who abides in saloons, and is well acquainted with the "boss" or members of the gang, stands the best chance for election to office. Such a person is usually of the bumner order, who delights in pistol-shooting and threatenings, who prostitutes his position in all sorts of ways for the benefit of low politicians.

Speaking of his own particular case, which was presented to the County Board yesterday, the Doctor presented a list of all the officers employed and their salaries, at the Cook County Asylum. He proved by this list that the medical officers were discriminated against. Anything medical, he said, is contemptible in such precincts. Only politics is glorious. The lady physician is consigned to an unheated room, and she has had to put up with insolence and obstructions, even to the extent of taking patients from her, because it was discovered that they were recovering under her treatment. Dr. Kiernan, the present superintendent, who was accidentally elected, owing to the debased political gang quarreling among themselves, is known all over the world and to every member of this society as a physician devoted to the treatment of insanity. It was no new task for him when he began to clean the rascality out of Cook County Asylum. Dr. Kiernan's first order to the attendants was to restrain no patient without an order from a physician. A great uproar followed. This was an unheard-of proceeding there, and much nonsense was talked over the new order. The next order was that the night watch should not issue medicines to the patients at their own will, but were to call up a physician. As much as ten gallons of sleeping potions were doled out per month in the most unskillful manner to all classes of noisy patients. Any death resulting from this was, of course, attributed to "exhaustion from insanity." Among

the new arrangements which disgusted the gang most of all was that requiring employees to take off their hats in the wards and address the patients in a decent manner. The most recent change made was to stop the appropriation of the labor of the inmates by a heterogeneous crowd of scamps, and divert the insane work to their common benefit. The patients are insufficiently clad, and it was only right that the sewing should be for their own benefit.

At the Chicago Asylum the political individual is in the ascendancy. The warden, Mr. Varnell, recently declared himself in public as boss of that place, and said that he proposed to turn out all the doctors but one, and that all employees not Democratic must go. Intriguing for place and against the physicians has taken up the major efforts of the lay officials, and the greatest injustices and annoyances are practiced against the medical staff. It is publicly known, said the doctor, that a notorious gambler has controlled appointment at the asylum for many years, has had his numerous hunting dogs kept there upon county beef and milk, and that the present opposition to the medical men is in the name of this "boss." The patients are insufficiently fed and scantily clothed. They suffer for everything. The medicines are impure and often valueless, and upon investigation, without whitewash in it, many terrible things may be brought to light.

Dr. Clevenger read a report of the lady physician of the same institution, which corroborates all the allegations made by him, and this was followed by a discussion, during which Dr. G. C. Paoli argued that the only remedy was to transfer all such institutions as the Cook County Insane Asylum to the care of the State. This would at least insure more capable employees and the employment of competent medical officials. Dr. Clevenger was of the opinion that all public institutions containing more than 100 inmates should be placed under the control of the State Board of Charities. Dr. J. C. Cook spoke highly in favor of the State institutions, remarking that the patients there were treated well. Inhumanity sometimes occurred even there, but it was speedily found out and swiftly punished. Dr. G. Newkirk held that the responsibility rested as much with the medical profession as with anybody else. The profession should unite and take some steps to reach the Legislature for proper remedies. Dr. Clevenger added that the drugs kept in the Cook County Insane Asylum were impure and inert, and Mr. Davidson, the druggist of the institution, substantiated this, adding that not only the quality but the quantity of the drugs was inferior. Two requisitions for drugs had been entirely withheld, and the stock on hand had nearly run down. The secretary read a letter from the Citizens' Association, requesting that the Chicago Medical Society appoint a number of physicians to act in conjunction with laymen of the association in investigating the charges of mismanagement at the County Insane Asylum. Drs. C. G. Smith, E. Ingalls, C. G. Paoli, R. Tilley, and C. W. Earl were appointed by the chairman, the Citizens' Association to select three names of the five presented.

An interesting and appropriate address, "The Fourth Annual Report of the Shan-Tung Dis-



pensary and Hospital at Fang-Chia-Chuang," prepared by Dr. Henry D. Porter, who was for several years a missionary to China, was read by Dr. John H. Chew. The paper was an able one, and presented experiences and the views of its author upon Oriental diseases, which was keenly appreciated, as was shown by a vote of thanks passed by the Society. But space prevents our further alluding to it at this time.

The Committee on National Sanitation, through Dr. John Bartlett, then presented the following report:

"*Mr. President:* The committee appointed at the meeting of this Society, September 15, 1884, to consider and report upon a series of resolutions presented by Dr. Liston H. Montgomery, having reference to *national sanitary matters*, respectfully report the following preamble and resolutions as suitable to be adopted:

"WHEREAS, Experience has firmly established the fact that the ravages of certain infectious and contagious diseases may be in good measure prevented, controlled, or arrested by the enforcement of suitable sanitary regulations; and

"WHEREAS, The United States is constantly exposed to the importation of disease from foreign countries, and because of the facility and rapidity of inter-State transit, to the rapid spread of infection once finding lodgment on our borders; and

"WHEREAS, This exposure, because of the prevalence of cholera in Europe, just now is unusually great; and

"WHEREAS, The facts are that matters of sanitation are in some of the States of this Union entirely neglected, while in others they are simply taken cognizance of by the appointments of boards of health, in their functions advisory only, and unclothed with powers of authoritative action; and

"WHEREAS, Either of these State Boards of Health, as now constituted, may prove derelict or inefficient in its duties, or act without concert with, or even in antagonism to, the Boards of other States; and

"WHEREAS, The exigencies occasioned by the appearance of violent epidemics demand organized means for the prompt recognition of the outbreak of disease, and vested authority, limited in its area by the boundaries of the country only, to take such immediate steps in matters of protection, as vaccination, isolation, quarantine, etc., as experience has taught to be useful; and

"WHEREAS, No national authority in sanitary matters now exists, therefore,

"*Resolved,* That it is the judgment of the Chicago Medical Society that the sanitary interests of the United States demand the establishment of a national health authority, which shall have for its main functions the detection of pestilential and epidemic diseases, and the enforcement, where necessary, of sanitary regulations tending to prevent, to abate, or to suppress them.

"*Resolved,* That as a step toward the consummation of the idea suggested in the foregoing resolution, a committee of three be appointed by this society to collate facts, tending to show the usefulness and necessity of a national sanitary organization, and to compile the same in such form as may be available for disseminating information

upon, and creating an interest in national sanitary legislation.

"*Resolved,* That the said committee be empowered and instructed to urge the importance of national sanitary legislation upon the attention of the Congressional delegation from Illinois, and fittingly to present the subject to the representatives of the people in both Houses of Congress.

"All of which is respectfully submitted: O. C. DeWolf, M. D., chairman, R. E. Starkweather, M. D., L. H. Montgomery, M. D., John Bartlett, M. D., J. H. Etheridge, M. D., A. R. Jackson, M. D., J. H. Hollister, M. D., Committee."

Upon motion, duly seconded, the resolutions were voted upon seriatim, and were unanimously carried.

A motion to adopt the suggestions embodied in the report also unanimously prevailed, and Drs. John Bartlett, R. E. Starkweather, and J. H. Hollister, were appointed members of the committee.

Two papers were then presented on "Hydrochlorate of Cocaine, or Muriate of Cocaine as a Local Anæsthetic," is the title of a lengthy paper read by Dr. Boerne Bettman, which our reporter has synopsized for publication thus: Hardly two months have passed since the introduction of this valuable adjunct to medical science. Already many clinical and physiological observations have been noted down in our medical archives. Glowing, indeed, are the accounts sent from the East of the effects of this drug. Dr. Noyes first called the attention of American physicians to this new anæsthetic. His letter from Kreuznach, September 19, 1884, contains a full account of the proceedings of the Ophthalmological Congress at Heidelberg, where Professor Becker demonstrated the action of the remedy before the assembly. \* \* \*

The papers of Drs. C. R. Agnew, W. Oliver Moore, James L. Miner, Gruening, and Knapp, were referred to. Dr. Koller, a Viennese student, discovered the application of this remedy to the eye. It appears he became aware of its anæsthetic qualities from seeing or hearing of its application to the larynx to deaden the sensibility of the vocal cords. The remedy is the alkaloid of the leaves of erythroxylon coca, a shrub growing extensively in South America. A few grains of the highly-prized drug were recently obtained and used in the following cases in this city by the writer, but before using it, in order to become better acquainted with its physiological effects, he had instilled a few drops of a 4 per cent. solution into his right eye, and in return he instilled a few drops into the eye of his brother. Thus, two drops of a 4 per cent. solution of cocaine were applied to the left eye of Dr. J. Bettman, in a few seconds this produced a feeling of slight stiffness. In two minutes complete anæsthesia set in, permitting the manipulation of the cornea with a brush and probe, without causing the slightest pain. Sensibility began to return after ten minutes, and was perfectly restored in fifteen minutes. In sixteen minutes the pupil showed a slight dilatation. In two hours it was middling.

Repeated applications of the drug produced more pronounced and lasting effects. Four drops of cocaine induced a maximum dilatation in fifteen minutes, and not until eighteen hours afterwards did the pupil assume its normal size. Re-



action to light in the anesthetized condition was prompt. The actions of cocaine on the essayist's eye were similar to those recounted. Sensibility to touch disappeared in five minutes. Ten minutes later the pupil dilated. Distant vision remained the same. The accommodation was decidedly influenced, the near point having receded from four inches to twelve. Snellen 0.5 was read at four inches with the aid of +14.

The mydriasis was complete, in half an hour the benumbing effects of the drug began to disappear, and passed away entirely in three-fourths of an hour. The dilatation of the pupil lasted eight hours. The outer surface of the right lid was rendered insensible to the pricking of a pin.

Case 1. O. D., set. 22, consulted the writer for stricture of the nasal duct. A few drops of a 4 per cent. solution of the cocaine produced complete anesthesia in three minutes. A Weber's knife was introduced into the canaliculus, shoved forward into the sac, and the duct slit open with but trifling pain to the patient. With an Anel's syringe, a few drops of cocaine were injected into the nose. Five minutes later the firm stricture was forced with a Bowman's probe. The pain was seventy-five per cent. less, according to the patient's statement, than that experienced five years ago when subjected to a similar operation. The anesthesia lasted fifteen minutes.

Case 2. A piece of steel had been embedded in the cornea of a policeman for two days. The eye was extremely sensitive. Two drops of cocaine benumbed the eye in three minutes. The digging out of the mote with a spud was painless.

Case 3. Mr. M. complained of severe earache, produced by an otitis media acute purulenta. The introduction of a cotton-holder, or speculum, was not permitted. Instillation of two drops of cocaine was followed by almost immediate cessation of pain, when the ear could be manipulated without the slightest annoyance to the patient.

Case 4. The most glowing results were obtained in the case of Mrs. T., where a cataract operation was performed on the right eye. Several drops of cocaine applied every few minutes produced complete anesthesia in ten minutes. The corneal section was made without the patient being aware of the fact. The only step in the operation which caused the slightest pain, was excision of the iris. At this stage, when questioned about the sensation, she remarked, "It felt as if a pin were pricking her." She expressed herself highly pleased with the action of the remedy, assuring the operator repeatedly, that with the exception of the slight pricking pain, she had felt absolutely nothing of the entire operation. The wound has healed nicely, and her sight is good. The physiological and therapeutical effects of this new alkaloid may be tabulated as follows:

*First.* Hydrochlorate of cocaine is a powerful local anæsthetic, not penetrating in nature, rapid in its effects, which, however, are only temporary.

*Second.* It is a mydriatic, the effect of which is regulated by the strength of the solution.

*Third.* It produces paralysis of the ciliary muscle, the near point receding from the eye; distant vision is not influenced.

*Fourth.* By virtue of its benumbing powers it may be classified as an anodyne.

Discussion was participated in by Dr. R. Tilley,

whose experience with cocaine corresponded with the views of the essayist.

After some other remarks relative to its merits by the speaker, Dr. Jefferson Bettman read a report of a case illustrating the applicability of cocaine in nasal surgery. The paper may very properly be termed an appendix to the foregoing one on the same subject. We herewith present the principal points it contained:

Its action on the nasal mucous membrane, as already demonstrated by Knapp and Gruening, is similar to that on the eye. It is only quite recently that the remedy has been obtainable, hence the experience of the observer is limited to the case subjoined.

The results obtained realized most sanguine expectations, and demonstrated its signal value in nasal surgery.

Dr. K., a physician of this city, has been under treatment, suffering from "asthma nervosum." The asthma is purely reflex, induced by great hypertrophy of both inferior turbinated bones, a subsequent serous discharge, and to complete the clinical picture, a culminating violent attack of asthma. The nares are extraordinarily hyper-sensitive. The introduction of a probe or any instrument into the nose is exquisitely painful. Previous treatment had consisted in applications of galvano-cautery to reduce the volume of the erectile tissue in the nose. The abnormal sensitiveness, however, would only permit of but superficial cauterizations, so the results obtained were but partially successful. On the 8th of the present month the writer resolved to apply the muriate of cocaine prior to cauterization. A pledget of cotton of sufficient size was soaked with fifteen drops of a 4 per cent. solution, and placed in the inferior meatus of the left nostril. In ten minutes the narium was perfectly anesthized. At the end of a quarter of an hour the plug was removed and the parts thoroughly cauterized with a sharp, cutting, electrode. The period of application exceeded three seconds, and produced but a minimum degree of pain. In fact, the discomfort was so trifling that the hitherto sensitive colleague cheerfully submitted to a second vigorous application at the same sitting. After a period of twenty-five minutes, sensibility of the parts was fully restored. The action of the white heat was so thorough that its ultimate results will probably eclipse the benefit derived from previous more superficial application of the cautery.

At a late hour a motion prevailed that the Society do now adjourn.

LISTON H. MONTGOMERY.

—At a recent clinical lecture, Professor Da Costa exhibited specimens from a case of typhoid fever in which death had occurred from peritonitis, with three recent perforations of the bowel. The patient four days before his death had had a profuse intestinal hemorrhage. The distinguished teacher took the opportunity of endorsing the ergot treatment of the hemorrhage, but insisted upon the importance of following it up with decided doses of opium in order to prevent perforation or to limit its effects.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Gossypium as an Obstetrical Aid.

Dr. Hercules Macdonnell thus writes in the *London Medical Press*, October 22, 1884:

From time to time efforts have been made by obstetricians to substitute other remedies for *secale cornutum* and its various preparations. It is well known that *secale* varies greatly in its efficacy according to the time of year in which it is gathered, and its active properties fluctuate almost in the same degree as its price. Its deleterious effects in the uterus are of such a nature during parturition, that at the present day it is almost criminal to administer it as an expulsive remedy, and gynecologically, no one can deny, but that by subcutaneous application of its preparations it causes continuous contractions, and by internal administration the injurious effects on heart and nervous system detract from its remedial powers. None of its various substitutes, viz., quinine, borax, tannin, and iron, have ever been able to approach *secale* in its contractile and hæmostatic properties: we are invariably obliged to have recourse to it.

Four years ago a patient, who was the subject of an interstitial uterine fibroma, accompanied by violent recurring hemorrhage, but in whom *secale* invariably caused intense spasmodic migraine, caused me again to seek for a substitute. In an old number of the "*Schmidt Annual*," I found a note, that in the Southern States of America, the rind of the root of the cotton tree was used by the inhabitants for procuring abortion, and also by the profession as a substitute for ergot. Dr. Wilhoelt, of New York, who was visiting Hamburg at the time, confirmed this statement as to the valuable properties attributed to this drug. I procured some, and have instituted for the last four years an uninterrupted series of experiments, which have enabled me to arrive at as certain conclusions on the subject as are possible for a practitioner who has not the advantage of a clinic, or the leisure for extended experimental research. My undertaking resolved itself into chemical, obstetrical, and gynecological observations. The first had for its object the discovery in the root of an alkaloid or a glucosid, but neither in the Local State Laboratory, with the able help of the director, Dr. F. Wibel, and his assistant, Dr. Engeltrubt, nor of some local manufacturing chemists, nor of the apothecary, Dr. Sick, all of whom interested themselves in the search, did success attend our object. It appears that similar investigations made in North America were equally futile. In addition to this common attribute, which ergot and gossypium both possess, there is a second active property, which they also share, and which I am now about to state: it acts more quickly, more certainly, and with greatest advantage, as a fresh infusion, not as a decoction, and the relative quantity of substance necessary for effect is smaller in proportion to the freshness

of the drug. Obstetrically, I have not made use of this drug as a means of procuring abortion, and consider such a use of it with misgiving.

During birth I have used it experimentally, both in primary and secondary inefficient pains, and in both cases with uniform success. I first administered it carefully in small doses, and as soon as I convinced myself of its inertness, in considerable quantities, during labor, as I from principle never use ergot before the termination of the second stage, in many instances producing good pains or correcting bad ones. On a few occasions the remedy failed me, but this I consider was due to my using an insufficient quantity, and it was at the time when I used the fluid extract. I have never observed any injurious effects, above all in cramps or partially tetanic contractions of portions of the uterus. I must, however, reserve my opinion of the entire obstetrical administration, to the degree of observation which general practice commands. I had not the advantage of a trained assistant or a Tokodynamometer, and very few opportunities of studying for the intensity of its effects. If the above circumstances are borne out when subjected to clinical observation and experimental research, that we possess in gossypium an expulsive property without the injurious after-effects of ergot, this is certainly no unwelcome discovery; and I considered it advisable not to withhold any longer my researches from publication. The obstetric dose is from 3 to 6 grammes, freshly infused for from 6 to 10 minutes, and strained through a linen filter, given every hour or even half hour. One can use as much as 10 grammes in the hour; of the fluid extract 1 to 3 teaspoonfuls also hourly or half-hourly; this dose also holds good for the first two days after labor, when ergot is indicated, and it is wished to substitute gossypium in its stead.

In the after-treatment of a parturient, to guard against subinvolution the same gynecological dose obtains. I can express myself with much greater certainty as to the efficacy of this drug in gynecological than in obstetrical practice. I first made use of gossypium in the case before mentioned, which induced me to seek for it, and its brilliant results, especially by its prompt styptic properties in staying the hemorrhage without any accompanying symptoms, naturally caused me to employ it largely in all cases of fibroma. Its effect on the frequency and violence of the hemorrhage was quite marvellous; so much so, that I now only very seldom use ergotin injections, which are so much dreaded by many patients, during menstruation, and never between the periods. The menstruation regulates itself as to the time of its appearance, duration, and quantity, and in a number of patients I have been able to perceive visible decrease in the size of tumors in the course of five to six months. In some this latter circumstance did not take place. However, I lay much less weight on that than upon the fact that by from six to eight months' continuous treatment I have never yet experienced progressive growth.

In order to confirm this point, I have continued my observations for such a lengthened period. Its mode of action is completely different from *secale*. Given at the time of hemorrhage, *gossypium* manifests very little effect. If, however, the administration begins immediately after the hemorrhage, the effect is visible on the next occasion in the diminished quantity lost, and soon after in the longer pauses between the hemorrhages. With a similar result I have made use of this drug against subinvolution, more especially after miscarriage. It has also done me sterling service in two cases of persistent hemorrhage from the kidneys which had continued for years.

The gynecological dose consists in giving it either once daily as an infusion of 10 grs. or twice  $7\frac{1}{2}$  grs. of the powder. If the fluid extract is administered, two teaspoonfuls twice or three times daily in a wineglassful of syrup. During menstruation, the doses must be somewhat larger. In the fresh preparation, received from America, which is generally very much pressed in the packing, it is well to soak the root for about twelve hours in cold water, and shortly before administering it, to boil and strain it. Has the drug been loosened or ground by the apothecary, the freshly-made infusion is sufficient.

In its intensity the *rad. gossypii* cannot compete obstetrically with the contractile and styptic properties of ergot. In order to accomplish the same effects as ergot, many doses are necessary, and the period before it acts is considerably longer; as against that, however, we can administer it with security, and at times when *secale* might easily prove dangerous, and is universally forbidden, namely, during the first stage of labor.

In gynecological practice, when rapidity of action is of less importance, *gossypium* can not only compete with, but in the majority of cases supplant ergot. It can be administered by the mouth, its effects lasting for a longer period, and with better results, than ergot, and in a more comfortable manner, than by subcutaneous injection, without pain and other accessory symptoms.

Professor Mundé, of New York, whom I requested this summer to give me notes out of American literature relative to this drug, was kind enough to communicate to me some results in the gynecological branch of his practice, and he extended the successful employment of *gossypium* to menorrhagia from unknown causes, and suppression of menses due to cold, fright, and changes of climate.

#### On a Case of Poisoning by Sardines.

Dr. Augustus W. Addinsell thus writes in the *Lancet*, September 27, 1884:

There are few things more embarrassing to the practitioner than to be called upon suddenly to treat a case of poisoning, especially when it is not quite clear what the poison is. The rarity and gravity of the following case make it, I think, worthy of record.

On Tuesday, June 17th, at 7 p. m., I was hastily sent for to visit a lady who was vomiting very severely. I went immediately, and the husband told me the following details: At 3 p. m. Mrs. A— had taken for luncheon some brown bread and butter and four sardines, which were the

remnant of a box that had been opened some days. She had noticed a small speck of white on one or two of them, but had thought nothing of it. Almost immediately she commenced to yawn, but, being tired with nursing some children lately with measles, this was overlooked; the yawning, however, increased towards 4:30 p. m., and from that time became incessant, until it culminated in an act of vomiting. She was then seized with diarrhoea and violent abdominal pains. Between 5:30 and 6:30 p. m. she vomited five times, and had seven evacuations of the bowels. I found the patient much prostrated; no pulse could be detected in any of the superficial arteries but the temporal, and there very feebly indeed; a cold, clammy sweat bedewed the face, which was perfectly colorless; the eyes were much sunken and the pupils contracted, the mouth very parched, the lips perfectly livid, and great thirst was complained of, with severe pains in the umbilical region, and cramps in both lower extremities. The mind was a little wandering, though she fully recognized me. The temperature was  $97.2^{\circ}$ . Though she was scarcely able to speak for yawning, she pleaded piteously for water. I gave her ice to suck, and placed hot flannels with turpentine over the abdomen, which relieved the pain for the instant only. This not producing any permanent relief, and the evacuations continuing every quarter of an hour, I injected three minims of morphia hypodermically, and gave one drachm of brandy with ice. At this time (7:45) she was fainting, and the collapse seemed more complete. I administered another drachm of brandy, which was vomited in ten minutes. I had previously ordered the vomited and evacuated matter to be kept, and I found the latter consisted entirely of blood and mucus. The former merely contained water and the brandy. By nine o'clock the cramps had ceased, and there had been no vomiting and but one evacuation during the last hour. The temperature had remained all along subnormal, and the yawning had persisted. I then gave half a pint of rice-water with an egg beaten up, with some ice to allay the thirst, which was causing great agony. By 11:30 p. m. the pulse had returned so as to be felt at the wrist; the temperature had gone up to  $99.2^{\circ}$ ; in the next hour she vomited once, and had two motions of the same sanguineous description. By 1:30 a. m. the temperature was down again to  $97.4^{\circ}$ , and the pulse distinct, though very feeble. During the night the patient slept fitfully, but vomited twice and had three motions by nine o'clock in the morning. Bismuth and carbonate of potash were then prescribed, with plenty of rice-water and egg, which was taken freely during the day. At noon on the Wednesday, seventeen hours after I first saw the patient, the temperature was normal; the pulse fairly full. There was no pain, and the patient felt comparatively well, though of course very weak. From this time she rapidly recovered, and is now perfectly well again.

It seems to me that the great interest in this case lies in the violence of the symptoms (for certainly not less than six pints of liquid and bloody evacuation were passed in a few hours) and the rapid recovery; one was naturally on the look out for enteritis and peritonitis to supervene, but no approach of these disorders could be detected.

Primarily, I consider the vomiting, by removing a portion at least of the irritant matter, was beneficial to the patient, and that the subsequent morphia injection had the effects for which I gave it, viz.:

1. To allay the pain.
2. To stop the cramps.
3. To arrest peristalsis.

Had this not been done, and the diarrhoea allowed to continue, I think the patient must have succumbed. Now the question is, What was the exciting cause? The oil being rancid, could scarcely account for it, and besides, but a very small quantity of oil was taken. It has been proved in a rather recent case that tin (Professor Attfield, in a paper read before the Pharmaceutical Society, 1883,) in sufficient quantity to poison would be so extremely objectionable that the patient would have refused to take it; one is therefore forced, *per vias exclusiones*, to the conclusion that it must have been the sardines which had caused the mischief, and as the box had been opened some time, and others had been taken from it with no evil results, it becomes an interesting and important question for the profession, as well as for the public, how long it is safe for a box of sardines to be open and in use, and what the precise nature of the poison is to which they become subject. That it is an irritant, and a very strong one, is clear from the foregoing account; but as far as I can gather this is the first case reported of the evil, and as it arose from the use of such a very popular article of diet, I thought it worthy of being brought forward.

#### Traumatic Tetanus Treated with Eserine and Local Warmth and Moisture.

Dr. G. H. Brandt reports the following case in the *Practitioner*, October, 1884:

M. C., cook, age 23, of rather delicate constitution and nervous temperament, whilst cleaning a fresh turbot cut the tip of the left thumb. The wound was deep, and bled very profusely. He wrapped a piece of rag round it, and had it dressed by me seven or eight hours after the accident. Having adjusted the flaps and then put on a series of adhesive straps so as to seal up the wound, I covered the whole with a bandage soaked in carbolic oil, and kept his arm in a sling. The bandage was constantly kept soaked with the carbolic oil. Three days after, the dressing was renewed, the wound doing well; at the end of a week, the wound was healed. On the tenth day after the accident he caught a severe cold from exposure. He complained of pains all over his body, with slight fever; kept his bed, and was ordered salicylate of soda and to be wrapped up in flannel. Gradually the muscles of the legs, back, chest, throat, and the masseters, became stiff, and he could barely open his mouth. This was accompanied by profuse perspiration; no appreciable fever; pulse regular but small. Rigidity rapidly increased; the jaws could only be separated one-eighth of an inch; there was great restlessness and insomnia. I stopped the salicylate, and gave bromide of potassium and chloral in gramme doses during the day, and hypodermic injections of morphia at night. This treatment succeeded in procuring a quiet night, but during

the day-time rigidity was great. On percussing his back the muscles felt like boards, and forcible movements produced convulsions; at times convulsions would set in without his being touched. Auscultation revealed no abnormal sounds; his breathing began to get short from constriction of the chest muscles. There was also constipation, so at this period I gave an aloetic purge, which freed the bowel, and injected per rectum four ounces of infusion of valerian, with musk and camphor. This enema was retained for six hours without producing any relief. Convulsions became more frequent and violent, rigidity increased in the legs and throat. There was great pain over lumbar region, considerable restlessness, and profuse sweating. The bromide with chloral and morphia at night failing to produce any relaxation of muscles, I decided on injecting hypodermically the sulphate of eserine, and putting on an ice-bag along the spine. I began by injecting one milligramme of the sulphate of eserine every hour, watching it carefully. At the end of seven injections, finding no relaxation of the lower extremities, I gave two more injections, each containing two milligrammes, with an hour's interval between them. The patient dreaded the restlessness of the night, and begged for his morphia, which I gave him (half a grain hypodermically) at 11 p. m.

Having read somewhere that the tetanic condition might depend on a loop of the nerve being caught and nipped in the cicatrix of the healed wound, I decided on cutting down above the wound so as to cut off all communication between the cicatrix and the spine, but both patient and family strongly objected. The very idea of such a slight operation, produced several convulsions. I therefore thought the next best thing to do was to relieve pressure on the nerve by relaxing the tissues, keeping them constantly in a vapor bath, which I attained by wrapping up the thumb in hot wet cloths covered over with oil-silk. The next day the patient was slightly better, but still very rigid. As the subcutaneous injections were badly supported, I gave the eserine by the mouth in centigramme doses every two hours during the day, continuing the ice-bag to the spine, and morphia hypodermically at night. Improvement gradually showed itself, which encouraged me in the administration of the paralyzing drug, which was followed out for three days, gradually increasing the space of time between each dose. At the end of the third day, the improvement was as follows: less sweating, less rigidity, better nights; during all this time his powers of deglutition were good. His diet consisted of fresh milk and strong beef broth. I stopped the Calabar bean and began with the bromide three times a day, with a mild injection of morphia at night. It is now twenty-five days since the rigidity commenced; he is now convalescent, and only complains of slight stiffness, with pains in the groins and lumbar region. He is now taking warm douches and small doses of iodide of potassium.

I cannot help thinking that the relaxation of the cicatrix by the action of the hot water vapor, had some effect in the improvement, and I regret not having made an incision earlier, and without the patient's knowledge.

When convulsions occurred, chloroform inhala-



tions certainly did good in cutting them short, and the patient admits that the ice-bag did him much good. His mental faculties were, during the whole time, quite normal. The relaxation of rigidity began in the legs.

#### A Case of Subscapular Abscess.

Dr. Albert N. Blodgett, of Boston, narrates in the October number of *The American Journal of the Medical Sciences* a very instructive case of this rare affection, and it is believed to be the sixth on record.

The peculiar anatomical relations existing around and beneath the scapula give to an acute inflammation, and to the results of such an inflammation in this region, a degree of importance to which they would otherwise be in no way entitled. The broad flattened costal surface of the shoulder-blade offers an unyielding barrier to the products of inflammation, the swelling, effusion, the slough of tissue, or the subsequent suppuration. The margins of the scapula are occupied by the insertion of numerous powerful muscles, or are fringed with dense and tense fascia, which, though allowing a moderate displacement by pressure from within, yet are grave obstructions to the relief of a deep-seated abscess by the process of natural evacuation. It will be remembered that the fascia of the neck plays a similar part in the history of deep carbuncle of this region; and to it may probably be ascribed in great measure the grave character and frequently the fatal issue in this affection. Thus we see that an acute inflammation in the tissues beneath the scapula is accompanied by conditions which can be likened only to those confined to, and found in three other parts of the body, viz.: to the interior of the skull; to the sheaths of the tendons, particularly those of the digital flexors; and to the roots of the teeth within the alveolar process. The course of the disease in its progress toward spontaneous cure, in the patient whose history forms the foundation of this article, illustrates the truth of this comparison in an indisputable manner.

The study of Dr. Blodgett's case is interesting for the following reasons:

1. The occurrence of an acute inflammation in a confined locality, to which it is restrained by an overlying surface of bone, which cannot yield to pressure without causing necrosis, exfoliation, or perforation of the bone.

2. The absence of injury to the vertebrae, which lie in dangerous proximity to the seat of disease.

3. Absence of caries or necrosis of the ribs, which formed one wall of the suppurating cavity.

4. And most surprising of all, the evacuation of the purulent fluid through a false channel, of comparatively very great length, by means of localized peritonitis and adhesive inflammation of the abdominal viscera, and perforation of two layers of peritoneum, and the wall of the intestine, without the occurrence of fatal peritonitis, or of septicæmia, or any other serious complication; and,

5. Finally, the existence of a tense abscess in a confined locality upon the chest-wall, with the formation of a long sinus in the space between adjacent ribs, without a perforation of the pari-

etal pleura, and the occurrence of a traumatic empyema; or adhesive inflammation of the opposed pleural surfaces and perforation into the pulmonary structure, with rupture into a blood-vessel or into a bronchus.

When it is possible to establish the diagnosis of subscapular abscess at an early period in the disease, the surgeon would certainly feel that operative interference for the purpose of affording an outlet for the products of inflammation would be not only justifiable, but an imperative duty. The diagnosis may not be easy, and in the case here narrated the true nature of the disease was not recognized by the attending surgeon; but when the presence of pus beneath the shoulder-blade is once determined, no time should be lost in providing a path for its evacuation.

#### Skin-Grafts from the Frog.

Dr. William Allen thus writes to the *Lancet*, November 15, 1884:

"Finding that the treatment of granulating wounds by skin-grafting is in country practice liable to fall into disuse through the unwillingness of patients to part with the little bit of skin necessary, I have lately been induced to try experiments with other substances as a substitute for human grafts. As the outcome of these experiments, I find that bits of skin from a decapitated frog make grafts which admirably answer all purposes, forming a source of supply always at hand in the country, except during the winter months, being easily applied on account of their uniformity in thickness, and necessitating no pain to suffering humanity. The skin of a single frog yields grafts for an enormous extent of surface and preserves its vitality so long that, if the patient is at a distance, the portion of skin required can be carried by the surgeon in his pocket for an hour or more without injury, provided it is wrapped up in gutta percha, or other water-proof tissue, to prevent drying. As witnessed by me in three cases in which I employed this mode of treatment during the month of August, the frog grafts at first act as human grafts are known to do, but later on their behavior is different. Thus, soon after being applied they disappear, but after a short time they appear again as a thin transparent film on the surface of the granulations, some of the films being raised in the centre and depressed at the edges, forming small conical elevations. At this period the skin at the edge of the wound takes on a very rapid growth, but, curiously enough, the grafts themselves grow but little, and some stop growing altogether, this being so different from what occurs in the case of human skin-grafts. If the wound or ulcer is a large one, the rapidity of epidermal growth at the circumference also soon diminishes, unless stimulated afresh by a second application of grafts, so that often a series of settings of grafts is needed before the granulations are covered over with skin. Material for graft making, however, being so easily procurable, the large quantity of seedlings required offers no difficulty.

"Apart from the surgical importance connected with the process, there is in it something of scientific interest as well. My friend and former teacher, Chief Professor Cleland, of Glasgow,



long ago suggested privately to me, and subsequently, I believe, in 1877, to his class, that in his opinion the process of healing by skin-grafting forcibly demonstrated the correctness of Stricker's view of the existence of sexes in the tissues. The colonies of epithelial corpuscles at the edges of the ulcer remain quiescent through lack of one sexual element, which the grafts no sooner supply than reproduction rapidly sets in, fertilization being probably brought about through the medium of the fluid which bathes the surface of the granulations. If the sexual theory accounts for the process, the skin that grows after the application of the frog-grafts must be of the nature of a new breed, a cross between human and frog epidermal elements. The disproportionate growth between the frog-grafts themselves and the circumferential epithelium in no way invalidates this supposition, seeing that a somewhat analogous condition exists amongst animals when families of the same species are crossed with one another, fertility being greatest on the side that tends to degeneration, and less on the side that aims at a higher development. I have not as yet studied the process histologically, but may be able to do so soon."

#### The Causation of Labor.

Dr. C. E. Shelly publishes a paper on this subject in the *London Medical Times*, October 18, 1884, which thus concludes:

Finally, we may briefly summarize our conclusions thus, dividing the causes of labor into (1) the *primary*, which is the habit of periodic (menstrual) uterine contraction; (2) the *obscidental* (i. e., causes which, being accessory, arise naturally in the course of, and are necessarily evoked by, the progress of the pregnancy itself); and (3) the *accidental*, which include *e. g.*, external violence, toxic agents, instrumental interference, emotional effects, and the like.

1. Ovulation begets periodical *congestion* of the generative organs. (*a*)

2. *a* produces rupture of vessels on the uterine surface, giving rise to *effusion of blood*. (*b*)

3. Effused blood, etc., acting as a foreign body, tends to produce reflex *uterine contractions*. (*c*) (This expulsive action is not usually noticeable in ordinary menstruation, for reasons previously given.)

4. *a*, *b*, and *c*, thus induce *habit of periodic contraction* and expulsive effort on the part of the uterus, at intervals corresponding to the catamenial periods. (*d*)

5. During pregnancy this *habit (d)* continues in force; but, owing to the character of the foeto-maternal relations, no additional element likely to beget strong reflex expulsive action comes into play, until toward the fortieth week. (*e*)

6. Towards the end of the tenth month of gestation there occurs (owing to the pressure consequent on distension) *fatty degeneration of the connections between ovum and uterus*. (*f*)

7. In consequence of *f*, there arises a *further stimulus* to contractile action by local irritation of the uterine nerve-endings. (*g*)

8. Hence, when the tendency to menstrual uterine contraction recurs for the tenth time, it is reinforced by the stimulus *g*, as well as by the

other stimuli which are by this time also more or less effective. Whence ensue, at this period, more vigorous contractions, leading to *further separation between ovum and uterus*. (*h*)

9. *h* increases the irritation of *g*; thus leading again to recurrence of *h*, and so to a constant repetition of this train of phenomena, until the expulsive force thus roused suffices to ensure complete separation of the ovum and its subsequent extrusion.

10. The mere *habit* (even apart from the persistence of its original exciting cause) of recurrent (menstrual) uterine activity, as well as the resulting tendency to expulsion of the ovum at the tenth menstrual period of gestation, would become gradually fixed, and so exalted into *physiological laws*, by transmission and inheritance through numerous successive generations.

While this view of the subject, thus imperfectly sketched, can hardly fail to increase the interest with which we regard the problem of the causation of labor, it has also a practical value by bringing before us the numerous array of factors engaged in producing that result, and by showing how the normal progress of pregnancy may be jeopardized by the too early or too vigorous incidence of any one or more of them. It claims, also, to afford an explanation of the process in harmony with the great laws of correlation and of continuity whose operations are so widely evidenced throughout the world.

## REVIEWS AND BOOK NOTICES.

### BOOK NOTICES.

**The Elements of Physiological Physics.** By J. M'Gregor-Robertson, M. D. Small 8vo., pp 528. Philadelphia, H. C. Lea's Son & Co., 1884.

This is one of those excellent manuals for medical students which we have already had occasion to mention with commendation.

The topics embraced in the volume are electricity and magnetism, the graphic methods, pneumatics, optics, sound and heat, and dynamics. The application of these various branches to the practice of medicine is set forth with sufficient fullness and with much clearness. The author is thoroughly acquainted with his subject, and the practitioner who would put himself in possession of the latest doctrines on these collateral sciences can do so by this manual at little cost of time.

—Dr. John T. Nagle reports that in 1832 there were 3,513 deaths from cholera in New York city, at the rate of 15.64 in every 1,000 persons. In 1849 there were 5,071 deaths, or 11.24 per cent. In 1854 there were 2,507 people died, or 3.95 per cent. In 1866 the deaths were 1,137, an average of 1.28 per cent. The epidemic of 1866 was of a virulent type, 583 persons who died having been attacked in the streets.

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**THE PROFESSION IN THE UNITED STATES.**

The medical profession in this country to-day is in a very peculiar and anomalous position. Having more physicians in proportion to population than any other country in the world, yet we fear that there are very few countries wherein the profession, as a body, receives less consideration and respect from the masses of the people than it does in our own. Outside of a comparatively small body of our leading physicians, in various localities, the relations between the public and the profession seem to rest entirely upon a mercantile basis, upon a basis of barter and trade, to pay as little for as much as is possible; *quality* does not seem to influence the general public in their relations with the physician any more, if as much, as it does in the purchase of dry goods or shoes.

A man or woman will look more or less carefully at a pair of shoes, before buying them, no matter how low the price may be, but in many cases the lowness of price is the first criterion of the physician's ability.

Of course, we do not mean to say that this is a universal rule, for it is not; but we do say, that among the great masses of the people, the cheaper a doctor will work, the more work he will get to do, providing, of course, he has sufficient tact and policy to prevent his clients from discovering any deficiencies, and the good fortune to impress them with his capability.

We mention these facts to point our statement, that the relation between the great majority of the people in this country and the physician is one of trade. No doubt the business man would say that this is a perfectly proper relation; the physician gives advice and receives pay therefor.

This, however, is not the correct view. The mission of the physician is unquestionably too high and noble to be ranked with *trade*; his is a calling of wonderful dignity, than which no profession or occupation could approach more closely to the divinity; to heal the sick and to encourage the well, is truly a divine mission, and one whose honor, dignity, respectability, and responsibility cannot be overestimated.

Why, then, is it that when our claims to respect

are so great, that we receive so little; why is it that the public do not regard us as they should; why is it that they treat us as tradespeople, whose wares they intend to purchase at the lowest possible price; why do they not realize the impossibility of placing a money value upon our services; why do they not heap us with gratitude and presents, and load us down with the weight of their esteem? Why are we compelled to send out bills, as our butchers and our tailors do; why do not our patients spontaneously reward us handsomely for our divine labors in their behalf? Why, in a word, are we treated with *less* consideration even than the butcher, for while his bill must be paid promptly, ours are oftentimes put off to the last possible moment, and not infrequently relegated to the waste-basket?

Is it not because we have too many doctors in this country; is not our anomalous condition primarily and essentially due to the enormous multiplication of medical schools, and the consequent *over-production* of medical men; that we imagine has been the curse of the profession in the United States for some years past? Our professional ancestors, the physicians of fifty years ago, received very much more respect from the public, and were treated with much more consideration, than are we of to-day. We know of one very prominent *old* physician in this State, who, for many years, would not send out a bill, depending upon the gratitude of his patients for his remuneration; and he did not *depend* in vain, for though he has practiced all his life in a comparatively small city, yet his declining years find him in a very satisfactory financial condition. His son, following the father's example, could not at first be induced to send out a bill; he could not bear to think of his *advice* being *bought*, as so much paint or putty; but the march of progress soon forced him to do as others were doing.

Of course, we can never hope to recall the old days when our patients looked up to and respected us as something rather above the ordinary run of men; but we can (and we ought to) cause them to respect us much more than they do to-day.

In the first place, as we have said, we have

altogether too many medical colleges, that are conducted, not in the interest of science, or of the public welfare, but purely and simply, as "money-making concerns," whose sole *raison d'être* is to enable some sharp, shrewd, or more or less conscienceless individuals to accumulate money and fame, as the reward for turning loose upon the community a parcel of men whom they have authorized to call themselves doctors, and who are just about as capable of intelligently pursuing their mission as an African ape would be to preach the gospel. We mean what we say; our journal is not conducted in the interest of any college or set of men; we are absolutely and entirely independent of everybody, owing allegiance only to the *medical profession*, for whose welfare and advancement we constantly labor; therefore we say most emphatically that it is an outrageous disgrace not only to the profession, but to the civilization of our country, to witness the mushroom-like medical schools that are now dotted about over the country.

Some are good and worthy, of course, and in writing these words we do not mean to condemn all, nor to praise any particular school; but we do say that the large majority have no other earthly reason for their existence than to enrich in money and fame their owners, and that they do exert a most injurious influence upon the dignity and respectability of our profession as a whole, by turning loose upon the community a lot of men whom the public *cannot* respect, and who certainly *cannot*, or at least *ought* not to respect themselves, that is, as intelligent, respectable, and competent *physicians*, with all which the word implies.

We do not wish to speak harshly, but it is time for us to face the truth. We are in an anomalous position in this country, and we are not respected by the people because we do not respect ourselves. We have debased our profession, from the moment of the commencement of the medical education, to the basis of trade; our colleges bid for students, and make as strenuous efforts to secure them as does "Sam'l of Posen" to sell his goods. Here is a bidding for trade, for students, for their money,

and for the advertising which these students will gratuitously give their teachers, as well as for the "practice" which these students, when they become general "country practitioners," will send to the distinguished city specialists who have so easily made them doctors and started them in the world.

We do not respect each other; jealousy and detraction are common—more common, we fear, in our profession than in any other.

We badly need reform in medical education; we want less *M. D.'s* and more physicians. We want more young men to stick to the plough, to engage in the noblest pursuit that can be engaged in by man; we want more farmers, those gloriously independent men, who are so utterly independent of all business variations, and who live surrounded, as all human beings should live; and we want a comparatively small number of young men, who are fond of study, and who are capable of making competent physicians. Thus the smaller number of doctors would be able to get along, the public would respect them, and we would all respect each other.

#### MORE ABOUT "MURIATE OF COCAINE."

Although we have had a great many reports of the use of this drug, yet, since it seems to be one of the most important additions to our therapeutics that has been offered of late years, we deem it well to publish all that is reliable about it. At the last meeting of the College of Physicians of Philadelphia (December 3) Professor Da Costa made some remarks on the subject, detailing some experiences he has had with the drug at the Pennsylvania Hospital. In tubercular laryngitis, he has found it to act better than either iodoform or morphia. He has found it to relieve earache, believes it would be useful in toothache, and has noted it as an excellent local anæsthetic prior to the cauterization of ulcers. Dr. Shakespeare mentioned a case wherein the eye was severely burned with ammonia; a four per cent. solution of cocaine relieved the pain and the eye was well in three days. Dr. Dulles questioned whether this was due to any specific action of the cocaine,

since he had had a similar case, where equally good results followed the use of boracic acid. Dr. S. Weir-Mitchell stated that he was subject to coryza, and that he had experienced great relief from the use of a four per cent. solution, passed, on a piece of cotton, up to the point of pain and distress.

Dr. Charles S. Turnbull writes to us as follows:

"Last Sunday (November 30) I enucleated another eye (see p. 628). I was equally successful in the use of the cocaine hydrochlorate, and the operation was painless. The results then obtained verified my remarks on case already published. The eye was a staphylomatous one, caused by slough of cornea from gonorrhœal ophthalmia. The time required is an objection. Ether is shorter, as a rule, and still preferred."

### NOTES AND COMMENTS.

#### Alcohol.

The question of the therapeutic application of alcohol has been frequently discussed from all standpoints, and each physician seems to have his own views on the subject. Dr. James Munro discusses the question in the *Edinburgh Medical Journal* for November, 1884, wherein he says:

"Undoubtedly it was used twenty-five years ago too largely and indiscriminately in disease, although there can be no doubt that it is a very important medicinal agent in the treatment of exhausted conditions, in the advanced stages of fevers and adynamic states, and we have no other therapeutic agent that can exactly take its place, both as a medicine as well as a food in adynamic states, and in the last stages of fever, etc. At the time I have named (I believe) it was probably administered too freely and loosely in disease; but now we know a little more precisely its actions and effects, and what quantity will saturate the blood—viz., one ounce and a half of pure alcohol in twenty-four hours is the amount of blood saturation, and this corresponds or is equivalent to about three or four glasses of wine in the day—and that more than that amount, if long continued, (thus exceeding the amount of blood saturation) will be thrown out or exerted on some special organ, such as the liver, kidneys, etc., and will lead ultimately to disorder and disease of the organ selected. I now prescribe it more accurately and carefully than I did formerly, with regard to the kind of alcohol, the quantity, frequency, etc., and directions when to leave it off;



and as it is an important therapeutic means in severe cases, I have more closely watched its effects of late, as in acute febrile diseases with cardiac failure threatening. When agreeing and benefiting, the temperature begins to fall a little, and so we watch and regulate accordingly. I have used alcohol in small and regulated doses a good deal in the advanced stages of typhoid fever, or other febrile, inflammatory, and adynamic conditions, with great benefit and with increasing confidence in it, more particularly in the adult, and very sparingly in children, as the latter are relatively much more susceptible to it; but this susceptibility usually diminishes with age, so that I have found it a greater help and better therapeutic and dietetic means for middle and especially old life rather than in the young, although when carefully given even to infants in suitable cases it often saves life, and no medicine probably has such a marked and striking effect.

"I never knew a case of subsequent continued intemperance, or alcoholism, arise from, or be owing to its being previously administered medicinally; and if either of the victims of these states ascribed their liking and craving for it to its medical administration, and dated their intemperance to have begun then, I should fear they were, more or less, private drinkers previously, and so untruthful and unreliable in their statements: when they reach this stage we all know how demoralized they become. I trust you will not consider it presumption on my part, but in alluding to this matter, I cannot resist expressing my own opinion, from careful and matured consideration; and so far as I am able to judge, I affirm that a most gross slander has been cast upon the profession in this particular matter. Judging from my own practice, the craving for alcohol is frequently acquired, but the tendency to it, or, speaking medically, the predisposing cause, is oftener inherited: and alcoholism, but specially dipsomania, is chiefly hereditary, and seems a moral and physical disease, and is nearly incurable except by absolute abstinence from alcohol in any form. I have observed that many of the hereditary and related alcoholics die about the same premature age, and often from the same changes produced in the same organs—liver, kidneys, lungs, heart, or brain, as the case may be. It is lamentable that one of the most useful remedial agents we possess should be also so deleterious and demoralizing when abused and taken in excess, and an important factor then in producing degeneration of tissue, organic disease, insanity, and premature death—in a medical point of view,

and in a philanthropic aspect, debasing, demoralizing, and contributing largely to pauperism and crime, so that we should do all in our power to prevent its injurious influences in the above-named respects. I have mentioned impressions formed in the space of five and twenty years; is it too much to look forward and anticipate what our impressions may be twenty-five years hence, if living? Surely we may hope that the Legislature will come to the rescue by the well-directed advice of the profession. I have observed that alcohol should be taken very sparingly, if at all, in some renal affections; and in health that it should only be taken regularly in very limited quantities, always within the amount of blood saturation, and only at meal times, and none of the 'pick me ups,' or doses usually called 'nips.'"

#### Unilateral Atrophy.

Dr. H. L. Burrell reports a peculiar condition in the *Boston Med. and Surg. Jour.*, November 13, 1884. The case was that of a female child of nine years, each half of its body perfectly developed, but the left two or three years behind the right half in its stage of development. This is especially marked in comparing the clavicles and the halves of the pelvis. He also reports two similar cases. The treatment in all the cases was an extra sole on the shoe to horizontalize the pelvis. Dr. Burrell concludes by saying:

"In considering these cases as a class, one finds that the mother's labors have been perfectly normal; that there is no difference in the pulse, temperature, consistency, tendon reflex or ankle clonus of the affected side; that the children are in good health; that they have never received any injury; that they simply apply for relief to the lameness; that the mother first noticed the trouble when the child began to walk; and that there has never been any loss of power in the affected limbs. The practical importance of these cases rests upon a recognition of the deformity, its differential diagnosis from various diseases having as a symptom lameness and atrophy of one of the limbs, and the general influence it will have in causing deviations in the spinal column, by obliquity of the pelvis. The important bearing which inequality in the length of limbs may have in producing lateral curvature is well set forth in a recent paper by Henry Ling Taylor, where he reports thirty-two cases of primary crural asymmetry. The left leg was found to be longer in twenty-eight cases, the right in four. Dr. Taylor's differences in measurements are not



in eighths or fourths of an inch; in sixteen cases the difference is over one-half an inch, and in six it is an inch or more."

#### Large Doses of Quinine in Typhoid Fever.

Dr. George S. Hull, of Chambersburg, Pa., publishes an article in the *Med. News*, November 15, 1884, recommending the use of large doses of quinine in typhoid fever when the temperature gets very high. The mixture used the most frequently, and which caused the least complaint, was the following:

R. Quinæ sulphatis,	gr. xv-xlv.
Pulv. glycer. ext.,	℥i-℥ij.
Syr. simplicis,	℥ss.
Aq.,	q. s. ad 3j.—M.

This was given at one dose; or in three doses, fifteen minutes apart, especially when the larger doses were used. When patients tired of this, ext. glycyrr. rad. fld. was substituted; it alters the color and somewhat the taste, still being almost equal to the former in disguising the bitterness. When these were refused, it was rubbed into a mass with glycerine (hydrochloric acid being added to increase solubility, and especially to reduce the bulk) and enclosed in gelatine capsules. In the one case in which it was given in the shape of suppositories (3j. with gr. ij. pulv. opii, in two suppositories), it reduced the temperature satisfactorily, though not so promptly as when administered by the mouth. The hypodermatic method, being yet in bad repute as regards quinine, was not resorted to.

Morphia, in small doses, was frequently added when there was much restlessness or insomnia; it also seemed to heighten the action of the quinia, as has been claimed of this combination.

Where the stomach was very irritable, the following, with rare exceptions, was retained:

R. Quinæ sulphatis,	gr. xv-xlv.
Pulv. glycer. ext.,	℥j-℥ij.
Bismuthi subnit.,	℥j-℥j.
Liq. morph. sulphatis,	3 ss-3 jss.
Aq.,	q. s. ad 3j.—M.

Sig.—At one dose.

Much importance seemed to attach to the time of administration; a dose of 18 to 24 grains early in the morning, when the temperature was 103°, generally reduced it two or three degrees, though in some cases it merely kept it from rising, which condition held for thirty-six to forty-eight hours, when the dose would have to be repeated and increased.

#### Osteomyelitis a Forensic Question.

The following case, which has a special interest from its forensic importance, is reported in Eulen-

berg's *Vierteljahrsschrift*: A healthy boy, æt. 13, while playing, March 5, 1883, on a sand-bank and jumping off it, had repeatedly slipped and fallen on the hard, frozen ground. He had also been kicked by another boy in the left thigh, but without such consequences as to prevent him from continuing his pastime. Towards evening of the same day he began to complain of heat and pain in the left thigh, though an inspection failed to reveal the least trace of an injury. During the night the boy was very restless, and the next morning the thigh was greatly swollen, red, hot, and painful. March 7, these symptoms increased in severity, and delirium set in, so that the patient had to be transported to the hospital, where he died on the 9th. His parents contended that the kick was the cause of his death, and, as is the custom in such cases in Germany, the criminal court ordered a post mortem to be made by the official expert. The following morbid condition was discovered: Periostitis and malignant osteomyelitis of the left femur, pericarditis, myocarditis, and double-sided purulent pleurisy, besides embolic nephritis. The opinion of the expert was that the pathological conditions found had not been caused by the kick, but probably been produced by the repeated jumping and falling. Dr. Maschka, who reports the case, believes that an infectious disease gave rise to it—that the respective bacteria were present in the blood, and thus induced, in consequence of local disturbance of circulation, a primary focus of inflammation, whence, by metastasis, the other morbid conditions developed themselves.

#### Muriate of Cocaine in Hay Fever.

Like all other new and fashionable remedies, the muriate of cocaine is being credited with the possession of a great variety of therapeutic properties. In addition to its anæsthetic effects, Dr. F. H. Bosworth, of New York, writes to the *Med. Record* (November 15, 1884), that he has found that when applied to the mucous membrane it is followed in about twenty or thirty seconds by a very notable contraction in the venous sinuses underlying the part which it reaches; and as the application is continued over the whole membrane covering the lower and middle turbinated bones, these sinuses become so rigidly contracted that all the blood which they may have contained is absolutely expelled, and the membrane clings closely to the bony structures, which then become visible in absolute outline.

Therefore, he concludes that we have a therapeutic agent of inestimable importance, and

which he has every reason to believe will be efficient:

1. To control the exacerbation of hay fever.
2. To relieve the most distressing symptoms of an acute coryza, and curtail its duration.
3. To control the painful and distressing reaction which results from the use of caustics or instruments in the nasal cavity.
4. To completely empty the venous sinuses of the nasal mucous membrane, and thereby afford a thorough ocular inspection of the cavities.
5. To largely eliminate from our minor operations in the nasal cavities the troublesome hemorrhage which so often occurs, and to control epistaxis from whatever cause.

#### A Peculiar Affection of the Finger Tips.

Before the New York Clinical Society (Sept. 26, 1884,) Dr. Abbe related a case of this sort, the patient being a man thirty-five years old, a driver. He had complained of pain in the tips of his fingers, and beginning with the little finger, they had all successively become dark blue, as if going on to gangrene. This, however, did not ensue. There was pain in the palm, and the fingers themselves were hyperæsthetic. He had concluded that there must be some obstruction to the digital branches of the radial artery, and, on examination, this artery was found very small in the wrist, while the ulnar was enlarged. A history of syphilis was obtained, and a diagnosis of obliterating endarteritis was made. Iodide of potassium was given in full doses; in three days there was decided improvement, and in a week the blueness, which had existed for some weeks, was entirely gone. The finger tips had been distended, but there was no other œdema to be found.

#### Prevention of Ophthalmia Neonatorum.

One of the greatest blessings which medical art of late has conferred on mankind is the preventive treatment of the blennorrhœa of the eyes of new-born children. In the October number of *The American Journal of Medical Sciences* Dr. Henry J. Garrigues calls attention to the value of Credé's method of treatment, which in brief consists in washing the outer surface of the eyelids with plain water, separating them slightly, and letting a single drop of a two per cent. solution of nitrate of silver fall from a glass rod on the cornea. No after-treatment is used.

In 1882, Garrigues introduced Credé's treatment into his service at the New York Maternity Hospital, since which time 351 children have been

thus treated, and not a single one was affected. He makes this application immediately after the cord has been severed, which is not done before the pulsation in it has ceased. During the subsequent ablution, great care is taken that no foreign substance enters the eyes.

The results obtained in lying-in hospitals by this method are so striking that there cannot be any doubt about the advisability, nay, the duty of adopting it in all such institutions.

#### Acute Painful Paraplegia.

This is the name given by Dr. Dumolard, of Vézille, to a peculiar form of paraplegia observed by him in five patients, and described in the *Revue de Med.*, July 10, 1884. It begins by a sensation of pain and stiffness in the back, soon followed by the apparition of the same symptoms in the lower extremities, and sometimes in the arms. The pain increases gradually, and may become excruciating. Fever is unusual, and the general state of health remains good. The reflex movements are much increased; but the legs can only be moved with great difficulty by the patient, and there is often paresis of the bladder. After an acute period lasting from ten to fifteen days, the symptoms begin to disappear, and in four or five weeks the patient recovers entirely. Salicylate of soda and quinine have no influence over the disease. The best treatment seems to consist in blisters on the back, saline purgatives, and bromide of potassium. Dr. Dumolard thinks that this disease differs only in degree from the epidemic paraplegia observed fifteen years ago at Anzannon, in Spain, and described by Bockhammer.

#### Iodoform in Organic Disease of the Heart.

When we read this article in the *Giornale di Med. e Ter di Messine*, we truly thought that therapeutics had run wild. It has always seemed to us that it was very unreasonable to attempt to cure an organic disease with drugs, or, indeed, to try to cure it at all. Hygienic precautions will, of course, and always do render the ill effects of organic disease much less potent; but when we talk about cures, we are going too far. Yet in this article, Professor Testa reports his observations on the curative effect of iodoform in organic disease of the heart. He gives it in pill form every two hours, until one grain is taken during the day. We do not suppose that it can do any harm; therefore, our readers might try it if they see fit; but it seems to us that hygiene will give much more satisfactory results.

## CORRESPONDENCE.

## The Opium Habit.

EDS. MED. AND SURG. REPORTER:—

In the issue of November 15, MED. AND SURG. REPORTER, Dr. Griffith, of Kansas City, Mo., gives his experience in the treatment of the opium habit by the use of digitalis, terchloride of gold and sodium, and fluid extract of coca. While I have not unfrequently used the remedies which the Doctor has enumerated, and with benefit, in the early treatment of the habit, yet I beg to offer a different theory, and consequently different treatment, by which the patient is *thoroughly* rid and permanently cured of the habit. My experience has led me firmly to believe that there is no remedy or combination of remedies which will bridge a patient over the gulf between his *old* condition, resulting from long-continued stimulation, and that *new* one, the result of a thorough reaction in the nervous centres, and a consequent renovation of all the organs involving digestion and assimilation. Doubtless the Doctor will agree with me that a thorough reorganization of the system and its functions is necessary to a radical cure. Now in order to thoroughly reconstruct the bodily functions, it is important to build upon a healthy foundation: and this can only be done by withdrawing the *old* method of running the machinery, viz., by stimulation; and when the stimulants are removed, whether rapidly or slowly, whether by vicarious remedies or otherwise, there must be a *letting down* of the system—*bottom* must be reached before a perfectly healthy reaction can be set up. (By way of diversion, I may remark that a rapid withdrawal is usually followed by more marked reactionary symptoms, and for that reason I prefer this method.) When that point is reached, the appetite begins to return, the demand is for food and not stimulants; nature again asserts its rights, and craves that upon which it was intended the body should subsist. This degree of letting down varies with different persons, owing to the plan of treatment, to the amount of stimulant taken, to the time the habit has existed, and to the constitution of the habitué. During an experience of ten years in the treatment of alcohol and opium habitués, I find that, other things being equal, those cases in which the reactionary symptoms are most marked, make the most satisfactory recovery. The same may be said of alcoholic patients.

JOHN S. MARSHALL, M. D.

Green Spring, O.

## A Health Conference.

EDS. MED. AND SURG. REPORTER:—

At a meeting of the Board of Health of the city of Pittsburgh, held October 24, 1884, the following resolution was adopted:

"Resolved, That the health officer correspond with the local boards of health throughout the State, and others having sanitary powers, with a view to calling a convention or conference of such boards and persons, for the purpose of considering the subject of the organization of a State Board of Health. Said conference to be held in the city of

Harrisburg, on Tuesday, the 13th day of January, 1885."

In compliance with the foregoing resolution, communications were sent to cities and towns, having, or supposed to have, boards of health or sanitary officers. It is probable that in sending out these communications, many town, township and borough boards of health, or sanitary officers, have been omitted. If there be any such under whose notice this article may fall, they are hereby invited to participate, and requested to communicate with Crosby Gray, esq., Health Officer, city of Pittsburgh.

A sufficient number of replies have been received to enable us to say positively that the conference will be held. Those who desire and intend to take part in the conference, and have not yet replied to the circular sent out, will confer a favor by answering at the earliest date possible, so that the committee from this board having in charge the securing of a place for holding the conference, will have a tolerably accurate idea of the number to be accommodated.

J. C. DUNN, M. D.,

President Pittsburgh Board of Health.

## NEWS AND MISCELLANY.

## Ninth International Medical Congress.

(To be held in Washington, D. C., in 1887.)

## PRELIMINARY NOTICE.

The Committee on Organization of the Ninth International Medical Congress, to be held in the United States in 1887, met in Washington, D. C., on November 29, 1884, for the determination of the general plan of the Congress, the election of officers of the committee, who will be nominated to fill the same offices in the Congress, and the consideration of questions of finance.

The following rules were adopted:

1. The Congress will be composed of members of the regular medical profession who shall have inscribed their names on the register of the Congress, and shall have taken out their tickets of admission. As regards foreign members, the above conditions are the only ones which it seems, at present, expedient to impose.

The American members of the Congress shall be appointed by the American Medical Association, by regularly organized State and local medical societies, and also by such general organizations relating to special departments and purposes, as the American Academy of Medicine, the American Surgical Association, the American Gynecological, Ophthalmological, Otological, Laryngological, Neurological, and Dermatological Societies, and the American Public Health Association; each of the foregoing societies being entitled to appoint one delegate for every ten of their membership.

The members of all special and subordinate committees, appointed by the general committee, shall also be entitled to membership in the Congress, together with such other persons as may be specially designated by the executive committee.

All societies entitled to representation are re-

quested to elect their delegates at the last regular meeting preceding the meeting of the Congress, and to furnish the Secretary-General with a certified list of the delegates so appointed.

2. The work of the Congress is divided into eleven sections, as follows, viz:

1. Medical Education, Legislation and Registration, including methods of teaching, and buildings, apparatus, etc., connected therewith. 2. Anatomy. 3. Physiology. 4. Pathology. 5. Medicine. 6. Surgery. 7. Obstetrics. 8. Gynaecology. 9. Ophthalmology. 10. Otology. 11. Dermatology and Syphilis. 12. Nervous Diseases and Psychiatry. 13. Laryngology. 14. Public and International Hygiene. 15. Collective Investigation, Nomenclature, and Vital Statistics. 16. Military and Naval Surgery and Medicine. 17. Experimental Therapeutics and Pharmacology. 18. Diseases of Children.

3. The general meetings will be reserved for the transaction of the general business of the Congress, and for addresses or communications of scientific interest more general than those given in the sections.

4. Questions which have been agreed upon for discussion in the sections shall be introduced by members previously nominated by the officers of the section. The members who open discussions shall present a statement of the conclusions which they have formed as a basis for debate.

5. Notices of papers to be read in any one of the Sections, together with abstracts of the same, must be sent to the Secretary of that Section before April 30, 1887. These abstracts will be regarded as strictly confidential communications, and will not be published until the meeting of the Congress. Papers relating to questions not included in the list of subjects suggested by the officers of the various Sections will be received. Any member, after April 30, wishing to bring forward a subject not upon the programme, must give notice of his intention to the Secretary-General at least twenty-one days before the opening of the Congress. The officers of each Section shall decide as to the acceptance of any communication offered to their Section, and shall fix the time of its presentation. No communication will be received which has been already published, or read before a Society.

6. All addresses and papers, read either at general meetings or in the Sections, are to be immediately handed to the Secretaries. The Executive Committee, after the conclusion of the Congress, shall proceed with the publication of the Transactions, and shall have full power to decide which papers shall be published, and whether in whole or in part.

7. The official languages are English, French, and German.

No speaker shall be allowed more than ten minutes, with the exception of readers of papers and those who introduce debates, who may occupy twenty minutes.

8. The rules, programmes, and abstracts of papers will be published in English, French, and German.

Each paper or address will appear in the Transactions in the language in which it was delivered by the author. The debates will be printed in English.

9. The officers of the General Committee on Organization are a president, three vice-presidents, a secretary-general, and a treasurer, and those elected to these positions will be nominated by the General Committee to hold the same offices in the Congress. All vacancies in these offices shall be filled by election.

10. There shall be an Executive Committee, to be composed of the President, Secretary-General, and Treasurer of the General Committee, and of four other members, to be elected by the General Committee. The duties of the Executive Committee shall be to carry out the directions of the General Committee; to authorize such expenditures as may be necessary, and to act for the General Committee during the intervals of its sessions, reporting such action at the next meeting of the General Committee.

11. There shall be a Standing Committee on Finance, composed of five members, to be appointed by the President, subject to the approval of the Executive Committee.

12. Those who are elected as chairmen of the several Sections shall be thereby constituted members of the General Committee.

The officers elected are as follows:

*President*.—Dr. Austin Flint, Sr., of New York.

*Vice-Presidents*.—Dr. Alfred Stillé, of Philadelphia; Dr. Henry I. Bowditch, of Boston; Dr. R. P. Howard, of Montreal, Canada.

*Secretary-General*.—Dr. J. S. Billings, U. S. Army.

*Treasurer*.—Dr. J. M. Browne, U. S. Navy.

*Members of the Executive Committee* (in addition to the President, Secretary-General, and Treasurer).—Dr. I. Minis Hays, of Philadelphia; Dr. A. Jacobi, of New York; Dr. Christopher Johnston, of Baltimore; Dr. S. C. Busey, of Washington.

The Executive Committee will proceed at once to complete the work of organization.

J. S. BILLINGS, *Secretary-General*.

Washington, D. C., December 1, 1884.

### The Dehydration of Bodies:

Dr. Thomas Bayley having recommended the dehydration, or drying-up of bodies by means of a current of cool, dry, and germ-free air, which method would obviate the objection now raised against cremation, namely, that it places facilities in the way of poisoners, goes on to write as follows in the *Lancet*, October 18, 1884:

"The bodies buried in the vaults beneath the ancient church of St. Michan's, in Dublin, do not putrefy, but dry up to a species of mummy. This remarkable result is brought about, according to Drs. Cameron and Tichborne, who have investigated the matter independently, by the dryness of the air in the vaults and the absence of dust, and consequently of putrefactive bacteria. If this natural mummification is effected by dry, germ-free air in the absence of antiseptics, it would seem to follow that a more perfect result would be obtained by the use of a current of air not merely dry in the popular sense, but chemically desiccated and freed from bacteria, especially as it would be easy to reduce the temperature to that indicated in the cold-rooms of meat-carrying steamers traversing the tropical seas. As regards



the production of the Egyptian mummies, I believe the function performed by the so-called antiseptics was much less important than is sometimes imagined. The molten asphalt or resin which was poured into the various cavities of the body was, I think, useful in filling them up, and so preventing them acting as reservoirs of air. The pickling process (for such it was), of course, tended to prevent immediate decay; but the efficacy of the process was for the most part due to the linen bandages which were so carefully and skilfully applied. The embalmers sometimes placed a thousand yards of linen upon a mummy, and they were very careful to avoid enclosing spaces of air. The linen, while not preventing the access of air and the consequent (perhaps slow) desiccation of the tissues, effectually filtered off the bacteria, and so prevented putrefactive change. In conclusion, I should like to say that the process I advocate is not really complicated. The owners of cargoes worth thousands of pounds constantly entrust them for months upon the ocean to the action of freezing machines, not furnished in duplicate, and desiccation and infiltration of air would offer no difficulty to the chemical engineer."

#### Professional Quacks.

Dr. Alfred Sheen read a very interesting paper recently before the South Wales and Monmouthshire branch of the *British Medical Association* on the "Relations of the Medical Profession," from which we note as follows:

We are very hard on quacks, and rightly so; but the biggest and worst kind of quacks are those in the profession, and there are plenty of them; and the public is shrewd enough to see this, and to make the most of it—to the detriment of the profession—although blind enough to run with the crowd after the popular professional quacks of the day. Amongst the varieties of treatment, we have "disease-treating," "case-treating," and "patient-treating." This latter variety is especially contemptible; it is practiced simply to inspire confidence which shall outlive disaster. Never mind the disease. "It is the bane of the highest social grades of practice, and the blighting evil of all. The charlatan is a treater of patients pure and simple." . . . "There is a growing tendency to, and a daily increasing evil of, mannerisms and methods in our profession." (*Lancet*, vol. ii, 1876, p. 830.) Not a very long time ago a friend of mine consulted a celebrated physician, who, in the course of investigating his case, told him that he (the physician) had the largest practice in the world; something like the *Daily Telegraph*, with its well known advertisement, "the largest circulation in the world!"

"A single purpose, high views, robust self-respect," will save us from falling into many objectionable peculiarities of character, peculiarities at which shrewd and sensible people only smile. Mr. Tom Hughes offers some sensible advice to medical men. He says, "Learn to read character by studying your own, to speak plainly, to practice reticence, and to avoid mercenary habits." Again—

"To thine own self be true,  
And it must follow, as the night the day,  
Thou canst not then be false to any man."

Our first and chief duty to a patient, when he comes before us, I conceive to be this: honestly and thoroughly to investigate his case, with the sole view of relieving him to the best of our ability; and if, during the progress of the case, we are not quite sure of our own resources, to seek, in consultation, the aid of a colleague in whom we have confidence. It may be that an over-anxious patient will himself suggest a consultation, when we see no need for it; in such a case, I hold it to be our duty to accede to his wishes with a good grace. I believe it is the rule that, when the patient suggests a consultation, he should have the privilege of naming the consultant. This may, at times, place us in an awkward position; we may have sound reasons for not meeting the particular individual named, and we may honestly feel that such a consultation may be of no benefit, perhaps otherwise, to the patient. In such a case, we should clearly and firmly state our views, and, if the patient decline to name another consultant, or do not accept one we may suggest, then it is clearly our duty to give up the case. In declining to meet any particular practitioner, it ought, however, to be clear to our own minds that we are strictly just, and that we are acting in the best interests of the patient. A little tact will, in the majority of such cases, overcome all difficulties.

#### In Memoriam.

##### DR. DAVID BRYAN BAKER.

At a meeting of the Faculty of the Quincey College of Medicine, held Monday, October 13, 1884, previous to attending the funeral of Dr. David Bryan Baker, a committee was appointed to draft appropriate resolutions and to report at the next regular meeting.

The committee respectfully submits the following:

WHEREAS, with feelings of the deepest regret, we are called to mourn the sudden death of our late friend and associate, Dr. David Bryan Baker, Demonstrator of Anatomy in this college, removed from us in his prime and in the midst of a useful and honorable career; therefore,

*Resolved*, That while we bow in submission to the fiat of him whose acts may not be questioned, we feel that by the death of Dr. Baker we have lost a faithful and energetic adjunct; our students a painstaking, thorough, and conscientious teacher; our profession a hard worker and a careful and assiduous though quiet student, and his friends of every class, one who at all times genial, frank, and courteous, commanded the highest respect, confidence, and esteem; while as a physician, though latterly withdrawn from general practice, his patients, whether rich or poor, found in him an attendant reliable, prompt, and kind.

*Resolved*, That we extend to the family of our deceased friend our sincere sympathy and condolence, cherishing his memory in honor and tenderness.

*Resolved*, That a copy of these resolutions be sent (signed and attested by the Dean and Registrar) to the family of the deceased; that they be inscribed on the pages of the Records of the Faculty; also that they be published in the *Quincey Whig*, *Herald*, *Journal*, and *Review*, and in the

*Weekly Medical Review* and the MEDICAL AND SURGICAL REPORTER.

L. H. COHEN, M. D.,  
WILLIAM A. BYRD, M. D., } Committee.  
C. R. S. CURTIS, M. D., Dean.  
H. HATCH, M. D., Registrar.

**Which was the Greater "Jackass."**

Under this peculiar title the *Weekly Medical Review* very well puts the popular idea, that a physician, to be of any worth, must be able to at once diagnose and cure every case of disease that presents itself to him, and it says, "Under the title of 'Carlyle and his Dyspepsia,' the *Columbus Medical Journal* tells us:

"In his 'Reminiscences' Carlyle tells us how he once rode sixty miles to Edinburgh 'to consult a doctor, having at last reduced my complexities to a single question—Is this disease curable by medicine? or is it chronic, incurable except by regimen, if even so? This question I earnestly put; got response, "It is all tobacco, sir; give up tobacco." Gave it instantly and strictly up. Found, after long months, that I might as well have ridden sixty miles in the opposite direction, and poured my sorrows into the long hairy ear of the first jackass I came upon, as into this medical man's, whose name I will not mention."

"Who was the greater jackass? Certainly Carlyle. To think that a man of supposed learning and reflection could think it possible to settle a question of dyspepsia with a single response. Certainly the physician was wise in suggesting one thing at a time, and this item will contribute with many others to show up an over-estimated man."

**Typhoid Fever from Cattle.**

Dr. Henry Lawrence thus writes to the *Lancet*, November 15, 1884:

Where typhoid arises in isolated places, or in fresh centres, apart from human infection, may I be allowed to direct the attention of my professional brethren, through the aid of your widely-read journal, to a probable cattle origin of the disease. While practicing in the Cape Colony, I had many opportunities of observing cases of typhoid arise *de novo*, and in every case the presence of cattle manure infecting the air or water, or both, was the only explainable cause of the disease. Numerous instances were given in an article on the "Genesis of Typhoid Fever" in the *Lancet* of December 8th, 1883. My own belief is that typhoid is as essentially a cattle disease as cow-pox, communicated from cattle to man in the first instance, and afterwards spread by means of the excretions of persons affected with it. It very difficult to prove the matter in densely-populated countries; but, if true, evidence from the colonies in its favor should be forthcoming. The question is, Does typhoid ever arise *de novo* where no cattle are present?

**Electric Railways.**

Our reliable contemporary, the *Popular Science News* (December, 1884) says:

Electric railways, which seem to be slow of introduction on this side of the Atlantic, are multi-

plying in Europe; and thus far they bear the test of continued use remarkably well. English papers bring us reports of six months' operation of such a railway at Brighton. The mileage run by the cars amounted to 15,600 miles; and the number of passengers carried was about 200,000, or all that the car could accommodate for the greater part of the time. The dynamo is run by a gas engine, which has consumed 300,000 cubic feet of gas. The total cost of traction—including interest and depreciation on engine, dynamo, and motor, cost of gas, oil, and attendance—has amounted to about \$3.85 per day, 100-mile run, or less than four cents per mile. The car-service has been stopped for only one day, through the tires of the wheels giving out, owing to the heavy pressure of the holiday traffic, there being at the time no second car available. On the whole, this is a very satisfactory showing for a system which is yet only in its infancy.

**Mental Therapeutics.**

In the course of his address before the New York State Medical Association, Prof. Austin Flint said:

"The physician who appreciates the importance of mental therapeutics, and of the duties incident thereto, will not fail to hold out to patients the encouraging features of a case. He will not give way to gratuitous forebodings. He will be circumspect in forming, and still more in announcing to his patients an unfavorable prognosis. He will be slow to hazard a prediction as to the precise date that a disease will prove fatal, and still less will be guilty of the brutality of imitating a judicial sentence of death. He will keep out of the view of his patients discouraging possibilities, but not those which warrant hope. He will strive judiciously and skillfully to bring to bear all the potential mental agencies of which he may properly avail himself. He will throw on the scale of hopefulness all the weight to be derived from those doubts and difficulties which beset diagnosis and prognosis. He will make due allowances for the limitations of medical knowledge and his own deficiencies."

**The Revival of Gynecology.**

Prof. T. Gaillard Thomas thus spoke in his address before the New York State Medical Association in November:

"From the earliest records of medicine in Egypt, of Greece, and of Rome, the practice of gynecology can be readily traced, and although, like all other learning, it became paralyzed by the baneful influence of the dark ages, it was upon the revival of letters at once pursued. Before the middle of present century, however, it did not in any respect deserve the name of a science. About that time, through two influences—the speculum, which since the days of Récamier had slowly worked its way into use, and anæsthesia, which enabled the surgeon to perform operations, both tedious and painful, upon the genital organs—the science of gynecology passed in great degree out of the domain of medicine, with its uncertain theories and doubtful resources, into that of sur-

gery. And from that day a new era has existed for this department of medicine which has given it a place among others, not only of respectability, but of dignity."

#### Officers of the New York State Medical Association.

At the meeting held in New York city, November 18, 19, 20, 1884, the following officers were elected:

*President.*—Dr. John P. Gray, of Utica.

*Vice-Presidents.*—Drs. W. H. Robb, of Montgomery county; J. G. Orton, of Binghamton; J. C. Greene, of Buffalo, and J. C. Hutchison, of Brooklyn.

*New Members of the Council.*—Drs. Wm. Gillis, of Franklin county; R. C. McEwen, of Rensselaer county; Frederick Hyde, of Courtland county; Darwin Colvin, of Wayne county, and J. W. S. Gouley, of New York county. Dr. S. S. Purple, of New York, was appointed Member-at-Large by the President.

*Recording Secretary.*—Dr. Caleb Green, of Cortland county.

*Treasurer.*—Dr. John H. Hinton, of New York.

#### Model of a Phantom Brain.

To the Philadelphia Neurological Society Dr. Guy Hinsdale exhibited this model, which is of large proportions, and is intended to show the course of the fibres in the human brain and their relation to the cortex, to the ganglia, and to the spinal cord. The preparation has been recently purchased by Dr. S. Weir-Mitchell, for the Mütter Museum of the College of Physicians of Philadelphia, and was constructed by Buechi, of Berne, Switzerland, under the supervision of Prof. Acby.

Its height is one hundred and twenty-five centimetres; its width, seventy centimetres. The cortex is dotted over with numerous corks, two centimetres long, which are distributed in systematic order. The basal ganglia are seen in their appropriate places. The spinal cord, made up of ganglia and columns of nerves of different colors, is represented throughout a portion of the cervical region.

#### The Medico-Chirurgical Hospital.

In order to enlarge its field, the members of the Aid Society of the Medico-Chirurgical Hospital have decided to admit to membership every one that subscribes five dollars to the association. Money is needed to support the dispensary and carry on the ward-service work. The faculty of the Medico-Chirurgical College is composed of some of the most eminent specialists in the city. Subscriptions may be sent to any of these persons: Miss Attwood, 1216 Race street; Mrs. Dr. Goodman, 1427 Chestnut street; Mrs. Dr. Keyser, 1630 Arch street; Mrs. Dr. Garretson, 1537 Chestnut street; Mrs. Dr. Stellwagen, Media; Mrs. Francis Leasher, 1504 Arch street; Mrs. Dr. Stubbs, 1501 North Seventeenth street; Mrs. Dr. Engel, 514 North Fifth street; Mrs. Dr. Gerhard, 731 North Sixteenth street; Mrs. Dr. Waugh, 1521 Arch street; Mrs. Oscar Myers, and Mrs. Dr. Stewart, secretary, 1801 Arch street.

#### The Therapeutic Gazette.

The *Therapeutic Gazette* has made a change in its editorial management, Dr. J. J. Mulheron retiring, to be succeeded by Professors H. C. Wood and Robert Meade Smith, of this city. The office of publication will remain in Detroit, while the editorial office will be in this city. The *Therapeutic Gazette* is the only journal in this country devoted to the science or art of therapeutics, and it has done a great deal of good in its peculiar field. We wish for it an even greater measure of success than it has hitherto secured. It is published by George S. Davis, Detroit, Michigan. The subscription price for 1885, when the journal will be enlarged, will be two dollars.

#### An International Health Exhibition.

We all know that the International Health Exhibition recently closed in London was a great success, both financially and as a place of popular resort. Our esteemed contemporary, the *Medical Record*, very wisely suggests that we should follow the example set us by our English cousins, and organize a similar exhibition in this country. We must wait, however for a year or two; hygiene is not yet fashionable in this country.

#### Items.

—It takes two hundred and fifty bushels of potatoes to produce a ton of starch.

—Dr. Samuel B. Ward, of Albany, is the physician of the President-elect, and one of his warmest friends.

—Dr. Austin Flint, jr., after a period of many years devoted exclusively to physiology, has resumed the practice of his profession.

—Dr. W. T. Bull, of New York, recently performed a most remarkable and successful operation of laparotomy, extracting a conical ball of forty-four calibre from the intestines of a would-be suicide.

—The Woman's Medical College of Chicago has a term embracing fully seven months of consecutive instruction by the regular faculty. The graduating class numbers 34, while the first-year class has 41 members.

—We are pleased to find that Dr. Klein has published in book form the chapters on micro-organisms and disease which for the past few months have formed so attractive a feature of our contemporary, the *Practitioner*.

—Dr. Waxham speaks highly of the use of bismuth in rectal injection in dysentery, as it greatly abridges the ordinary course of the disease. From 10 to 20 grains are administered with mucilage and water after each evacuation; and when not sufficing to control the frequent stools, a little laudanum is added.

—Dr. Hack Tuke, of London, before he left New York, was the recipient of a large lunch party at Bloomingdale Asylum. His vacation here was spent in inspecting the insane asylums, and collecting literary material.

—Dr. E. Brémond fils has devised an apparatus for the application of vapor-baths of turpen-

tine in cases of rheumatism, vesical troubles, lithiasis, etc. Ozone is evolved in the process, and is believed to be the active curative agent.

—Before the New York Clinical Society (September 26, 1884), Dr. J. H. Emerson reported a case of face presentation in the mento-posterior position. Rotation was unusually rapid and easy, and the entire labor lasted less than an hour.

—Epidemic diphtheria on the west side of Chicago, and in various parts of the State of Illinois, of a peculiarly malignant type, has been reported by Health Commissioner De Wolfe. Dr. De Wolfe, at the time of writing, is engaged in the investigation of the alleged epidemic.

—A continuous tepid water bath on the place suggested by the elder Hebra, is in the course of construction in the Michael Reese Hospital, Chicago. This hospital has a maximum capacity of ninety beds, with surgical instruments, electrical apparatus, etc., valued at \$10,000.

—A dentist at Triangle, N. Y., once received an order for a block of teeth, as follows: "My mouth is three inches across,  $\frac{3}{4}$  inches through the jaw; sum humocky on the edge; shaped like a horse-shoe, toe forward. If you want me to be more particklar, I shal hav to cum thar. Yours, truly, —"

—Prof. Donald McLean, of Detroit, removed, on October 26, a large cystic left kidney, both ovaries, and the greater portion of the great omentum, from a woman who is thought to be in an early stage of pregnancy. From recent reports, seventeen days after the operation, it seems that the patient has nearly recovered.

—In answer to a correspondent who asks in the *Lancet* if the growth of hair on different parts of the body can be stopped, Dr. James Startin observes that if ordinary depilatories will not destroy the hairs sufficiently, electrolysis should be employed. He has pursued this method for some time with much success.

—At a recent meeting of the Académie de Médecine, M. le Baron Larrey gave in a sealed letter containing a detailed description of a new form of stethoscope invented by M. Gavoy. The instrument is stated to be a telephone in miniature. The thoracic sounds, pulmonary or cardiac, are said to be amplified without being exaggerated by its means; the quality of the auscultatory signs is also believed to be unaltered.

—Cocaine is being used by other physicians than the oculists. Dr. Bosworth has met with very great success in its local application to the nasal fossa in the removal of polypi and enlarged turbinated bones, and we heard (says the *Medical News*) only a day or two ago of its having been used in an operation for the removal of hemorrhoids, in both instances with great success.

—A correspondent in the *London Lancet* of September 27 writes that anyone may be cured of stammering by simply making an audible note in expiration before each word. Stammerers can sing as easily as other persons. Jacky Broster, of Chester, who made a large fortune by curing stammering, simply made his pupils say *her* before each word beginning with a consonant.

—Dr. Paul Grawitz, assistant to Prof. Virchow, has just been appointed Professor of Pathological Anatomy in Bellevue Hospital Medical College, and Director of the Carnegie Laboratories. Dr. Grawitz was in this country during the past summer. We learn that, as the result of the informal understanding which was then had with him, no doubt is felt as to his accepting the position.

—Dr. Buller, Professor of Ophthalmology in McGill University, has been using hydrochlorate of cocaine extensively in his operations. He has performed several cataract extractions and iridectomies without pain by the aid of a solution of this new anæsthetic. He has also removed several tarsal cysts, but here he found complete anæsthesia was more difficult to produce than in the eye itself, and the patients all felt slight pain during the operations.

—Grave fears are entertained of the invasion of Asiatic cholera. Dr. F. H. Hamilton, of New York, recently read a paper calling attention to the introduction of the disease into New York State by way of the suspension bridge many years ago. Dr. J. C. Peters, who has given special attention to the study of the disease, expressed his fear of its approach, and the Secretary of the Treasury has been appealed to by a number of medical men, who besought him to take active measures for prevention.

—The "hot water treatment," which has been the fashion among the large contingent of hypochondriacs and neurasthenics for some time past, formed the subject of a paper the other evening before the New York Academy of Medicine, its efficacy in nervous diseases being considered, and the reader reported cures of posterior spinal sclerosis. In the discussion that followed, a medical gentleman from San Francisco became exceedingly facetious, accusing Dr. Ranney of being in league with St. John, the prohibition candidate, and suggesting that, after all, the paper was prepared for electioneering purposes.

—The Italian Education Minister is negotiating with Professor Pacini's heirs for the purchase of that pathologist's numerous and very important manuscripts. These include a diary kept by Pacini during several years of diligent experimental research. In the latter will be found a report, with almost daily entries, of cases during the cholera epidemic in Florence in 1855. The drawings of microbes were made with his own hand, after observations with a powerful microscope expressly constructed for the work.

#### QUERIES AND REPLIES.

##### A Formula Wanted for Painless Tooth Extraction.

EDS. MED. & SURG. REPORTER:—

Will you, or some of the numerous readers of the REPORTER, be kind enough to give me a reliable formula for local application, that will prevent the pain in tooth extraction.

Very respectfully,

A SUBSCRIBER.

#### MARRIAGE.

MCCHESNEY—JOHNSTON.—November 28, 1884, at the residence of John Earnest, uncle of the bride, by Rev. J. F. Curtis, Dr. H. A. McChesney and Mrs. Josie M. Johnston, all of Greene, Iowa.